

EXHIBIT 15

In the Matter Of:

K.C., ET AL

-v-

INDIVIDUAL MEMBERS OF MEDICAL LICENSING BOARD OF INDIANA, ET AL

Ryan Welch

May 24, 2023

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<p>1 UNITED STATES DISTRICT COURT</p> <p>2 SOUTHERN DISTRICT OF INDIANA</p> <p>3 INDIANAPOLIS DIVISION</p> <p>4 CAUSE NO. 1:23-cv-00595-JPH-KMB</p> <p>5 K.C., et al.,)</p> <p>6 Plaintiffs,)</p> <p>7 -v-)</p> <p>8 THE INDIVIDUAL MEMBERS OF)</p> <p>9 THE MEDICAL LICENSING BOARD)</p> <p>10 OF INDIANA, in their)</p> <p>11 official capacities, et al.,)</p> <p>12 Defendants.)</p> <p>13</p> <p>14 DEPOSITION OF RYAN WELCH</p> <p>15 May 24, 2023</p> <p>16 9:30 a.m. EDT</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21 TAKEN BY: AMY DOMAN, RMR, CRR, CSR (CA/IL/TX/WA)</p> <p>22 PAGES: 1 - 99</p> <p>23 STEWART RICHARDSON & ASSOCIATES</p> <p>24 Registered Professional Reporters</p> <p>25 (800)869-0873</p>	<p style="text-align: right;">Page 3</p> <p>1 A P P E A R A N C E S</p> <p>2 FOR THE PLAINTIFFS:</p> <p>3 Kenneth J. Falk, Esq.</p> <p>4 Stevie Pactor, Esq. (Via videoconference)</p> <p>5 Chase Strangio, Esq. (Via videoconference)</p> <p>6 ACLU of INDIANA</p> <p>7 1031 East Washington Street</p> <p>8 Indianapolis, IN 46202</p> <p>9 kfalk@aclu-in.org</p> <p>10 spactor@aclu-in.org</p> <p>11 cstrangio@aclu-in.org</p> <p>12 FOR THE DEFENDANTS:</p> <p>13 Razi Lane, Esq.</p> <p>14 OFFICE OF THE ATTORNEY GENERAL</p> <p>15 302 West Washington Street</p> <p>16 IGCS Fifth Floor</p> <p>17 Indianapolis, IN 46204-2770</p> <p>18 razi.lane@atg.in.gov</p> <p>19</p> <p>20 ALSO PRESENT:</p> <p>21 William Smeltzer</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 2</p> <p>1 The deposition upon oral examination of</p> <p>2 RYAN WELCH, a witness produced and sworn before</p> <p>3 me, Amy Doman, Registered Merit Reporter,</p> <p>4 Certified Realtime Reporter, California CSR</p> <p>5 14465, Texas CSR 6203, Illinois CSR 084004926,</p> <p>6 Washington CSR 22031067, Notary Public in and for</p> <p>7 the County of Hamilton, State of Indiana, taken</p> <p>8 on behalf of the Defendants, at the offices of</p> <p>9 Stewart Richardson, One Indiana Square, Suite</p> <p>10 2425, 211 N. Pennsylvania Street, Indianapolis,</p> <p>11 Indiana, scheduled to begin at 9:30 a.m. EDT, on</p> <p>12 Wednesday, May 24, 2023, pursuant to the Federal</p> <p>13 Rules of Civil Procedure.</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 4</p> <p>1 INDEX OF EXAM</p> <p>2 RYAN WELCH..... 5</p> <p>3 EXAMINATION..... 5</p> <p>4 QUESTIONS BY MR. LANE</p> <p>5 EXAMINATION..... 94</p> <p>6 QUESTIONS BY MR. FALK</p> <p>7 FURTHER EXAMINATION..... 95</p> <p>8 QUESTIONS BY MR. LANE</p> <p>9 INDEX OF EXHIBITS</p> <p>10 (All exhibits attached hereto.)</p> <p>11 Deposition Exhibits: Page</p> <p>12 Exhibit 1 - Deposition Notice..... 8</p> <p>13 Exhibit 2 - Complaint..... 8</p> <p>14 Exhibit 3 - SEA 480..... 9</p> <p>15 Exhibit 4 - Declaration of Ryan 10</p> <p>16 and Lisa Welch</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

Page 5

1 (Time noted: 9:28 a.m.)
2 RYAN WELCH,
3 having been duly sworn, testified as follows:
4 EXAMINATION
5 BY MR. LANE:
6 Q. Good morning, Mr. Welch. My name
7 is Razi Lane, I'm an attorney for the
8 defendants. With me today is one of the law
9 student externs working with our team this
10 summer, William Smeltzer. I'm going to be
11 asking you some questions today, and as you
12 know, the parties have agreed to follow a
13 protective order that will help keep any
14 confidential information that we do not get
15 into during this deposition confidential.
16 I'll be using your child's initials throughout
17 this deposition to help maintain that
18 confidentiality. And obviously, the court
19 reporter will make any edits that are
20 appropriate to the transcript to reflect that
21 anonymity throughout the course of the
22 deposition.
23 Have you ever given a deposition
24 before?
25 A. No.

Page 6

1 Q. Okay. So I'm just going to ask you
2 some questions, and the court reporter is
3 here, she's going to record everything that we
4 say, and you'll need to answer my questions to
5 the best of your ability.
6 Your answers will be the truth as
7 the court reporter swore you in to do. And
8 I'll assume that you understand those
9 questions unless you tell me that you don't.
10 If you don't understand a question, we just
11 ask that you please let me know, and we'll do
12 our best to clarify it on my end.
13 Do you understand that?
14 A. Yes.
15 Q. Great. We'd ask that you give
16 verbal answers, please, and not gestures. And
17 if at any point anything is unclear, feel free
18 to stop me and just say, hey, I'm not
19 understanding something or not following
20 something.
21 And the same goes if we're talking
22 too fast for the court reporter, I trust that
23 she'll jump in and correct us there. But we
24 want to make sure we go at a slow pace for her
25 benefit as well as everyone else online.

Page 7

1 So I don't expect this to take too
2 long. But depositions can be tiring, and it's
3 okay to ask for a break anytime you need to.
4 I'd just ask that you answer the pending
5 question before we take any breaks.
6 MR. FALK: Can I have a break now?
7 I'm just kidding.
8 BY MR. LANE:
9 Q. Any reason that you cannot
10 understand the questions today?
11 A. No.
12 Q. Any reason that you can't
13 understand -- or answer, rather -- my
14 questions with the truth today?
15 A. No.
16 Q. Thank you.
17 All right. So other than meeting
18 with your attorneys, did you do anything else
19 to prepare for today's deposition?
20 A. I reviewed the documents, the
21 complaint, things like that.
22 Q. Excellent.
23 Do you remember any other specific
24 documents besides the complaint?
25 A. No.

Page 8

1 Q. And are you being compensated for
2 your testimony today?
3 A. No.
4 Q. All right. With that, we're going
5 to move into evidence, for identification
6 only, Exhibit 1, which is the deposition
7 notice. And Will is going to pass those
8 around.
9 (Exhibit 1 marked for
10 identification.)
11 BY MR. LANE:
12 Q. Are you familiar with this
13 document, sir?
14 A. Yes.
15 Q. And you're here in response to this
16 document; is that correct?
17 A. That is correct.
18 Q. All right. With that, we'll move
19 into evidence Exhibit Number 2.
20 (Exhibit 2 marked for
21 identification.)
22 BY MR. LANE:
23 Q. Do you recognize the document
24 placed in front of you?
25 A. Yes.

Page 9

1 Q. What is it?

2 A. It is the complaint.

3 Q. Are you familiar with its contents?

4 A. Yes.

5 Q. And this is the complaint for the

6 lawsuit that you've brought challenging

7 Indiana's law with respect to Senate Enrolled

8 Act 480; is that correct?

9 A. That's correct.

10 Q. Now we'll move into evidence, for

11 identification only, Exhibit Number 3. We'll

12 get all these exhibits in early, and we'll

13 refer to them throughout the course of the

14 deposition.

15 (Exhibit 3 marked for

16 identification.)

17 BY MR. LANE:

18 Q. All right. Do you recognize this

19 document?

20 A. Yes.

21 Q. Exhibit Number 3, is that -- it

22 should be -- I have on my sheet it should be

23 Senate Enrolled Act 480, but it may not be.

24 Which is that, that you have?

25 MR. FALK: Yeah, it's the

Page 10

1 declaration.

2 BY MR. LANE:

3 Q. So Exhibit 3 is the declaration.

4 All right.

5 Are you familiar with this

6 document?

7 A. Yes.

8 Q. Is this your signature down on

9 page ID 265?

10 That page ID number is going to be

11 in the top right-hand corner.

12 A. That is my signature, yes.

13 Q. Excellent.

14 Is there anything in your

15 declaration that is no longer accurate, true,

16 or correct?

17 A. No.

18 Q. Okay. With that, let's move into

19 evidence, or for identification, Exhibit

20 Number 4.

21 (Exhibit 4 marked for

22 identification.)

23 BY MR. LANE:

24 Q. It should be our last exhibit for

25 today's deposition.

Page 11

1 Q. We'll put in Exhibit Number 4,

2 which should be Senate Enrolled Act 480.

3 All right. Do you recognize this

4 document?

5 A. Yes, I do.

6 Q. All right. How did you first hear

7 about the law?

8 A. I think from my wife, and we read

9 about it in the news.

10 Q. Okay. And just to confirm, the

11 document you have before you, that is Senate

12 Enrolled Act 480, correct?

13 A. That is correct.

14 Q. What was your reaction when you

15 heard about the law?

16 A. Anger, disappointment.

17 Q. Did you participate at all in the

18 legislative process for the law?

19 A. Can you clarify?

20 Q. Sure.

21 Did you provide any testimony for

22 the general assembly or were you involved in

23 any advocacy organizations with respect to the

24 law or anything along those lines, either for

25 or in opposition of it?

Page 12

1 A. We were there during the testimony.

2 We did not present testimony, but we were

3 there protesting outside.

4 Q. Okay. When you were protesting

5 outside, were you doing so in your own

6 capacity personally, or was it with an

7 organization or with others through some

8 affiliated group?

9 A. Our own capacity.

10 Q. Did you take any other actions

11 apart from this lawsuit as the law was being

12 considered?

13 So by that I mean drafting any blog

14 posts, doing any interviews, going on any

15 radio shows, or anything like that?

16 A. The social media account.

17 Q. Okay. Tell me about that.

18 A. Just a few posts on Facebook in

19 opposition of the law.

20 Q. Sure. When did you decide to bring

21 the lawsuit?

22 A. As soon as it began to be clear

23 that it was going to become a law.

24 Q. At what point did you know that it

25 was clear that it was going to become a law?

Page 13

1 A. When it passed so easily in the
2 Senate.
3 Q. Okay.
4 A. We had actually contacted the ACLU,
5 I think, just before that.
6 Q. And why did you bring the lawsuit
7 in this case?
8 A. Because we oppose it.
9 Q. Is it a matter of policy
10 disagreement or why do you oppose it?
11 A. Because it's very harmful to my
12 child and many others.
13 Q. Okay. We'll talk about that as
14 well.
15 Other than your attorneys, did you
16 talk to anyone about the law or about the
17 plans that you planned to bring the lawsuit?
18 Was it just ACLU, or was it any
19 other organization as well?
20 A. Just the ACLU.
21 Q. Thank you.
22 All right. With that, Mr. Welch,
23 we're just going to move into some general
24 questions, general background.
25 How old are you, sir?

Page 14

1 A. 51.
2 Q. And where do you live?
3 A. Indianapolis.
4 Q. Have you lived elsewhere in Indiana
5 or just Indianapolis?
6 A. Yes, I have lived in Indiana my
7 entire life. So I was born and raised in
8 Winchester, Indiana, went to -- lived in
9 Muncie when I was at college at Ball State,
10 lived in Anderson for a year, and then I've
11 lived in Indianapolis for 20-plus years.
12 Q. So what's your degree in from Ball
13 State?
14 And what year did you graduate?
15 A. Clinical psychology.
16 Q. Clinical psychology.
17 And what year did you graduate?
18 A. 1995.
19 Q. Excellent.
20 There's a little bit of a football
21 rivalry between Notre Dame and Ball State, but
22 we won't get into that stuff.
23 MR. FALK: I think it's fairly
24 one-sided, historically.
25 THE WITNESS: Yes, it is.

Page 15

1 BY MR. LANE:
2 Q. Have you ever been arrested, sir?
3 A. No.
4 Q. Do you have any other postgraduate
5 education besides Ball State?
6 A. Yes, I do. I have a master's
7 degree in clinical psychology from the
8 University of Indianapolis.
9 Q. Okay.
10 A. 1998.
11 Q. So how about your professional
12 background?
13 Are you currently employed?
14 A. Yes.
15 Q. All right. Where do you work?
16 A. Eli Lilly and Company.
17 Q. How long have you worked there?
18 A. 20 years.
19 Q. Have you always done work with
20 Eli Lilly since graduation or has there been
21 any other intervening?
22 A. No. I have worked at various
23 hospitals in Indianapolis areas, Regenstrief
24 Institute of Health, the Roudebush VA Medical
25 Center, the IU Medical School, and then to

Page 16

1 Eli Lilly.
2 Q. Tell me a little bit about what
3 your occupation entails, both with the
4 hospitals and now in the capacity that you're
5 at with Lilly.
6 A. In the hospitals, I was a couple
7 different roles. Mostly a clinical trial
8 study coordinator, but I also was a
9 psychometrician. And then at Eli Lilly, I
10 have worked various roles there but mainly in
11 clinical research.
12 Q. What does a psychometrician do?
13 A. It is somebody who administrators
14 psychological tests.
15 Q. Are you a member of any
16 organizations?
17 A. Other than my homeowners'
18 association, no.
19 Q. Understood. So, no political
20 organizations?
21 A. No.
22 Q. No transgender-related
23 organizations?
24 A. No.
25 Q. What is your gender identity, sir?

Page 17

1 A. I'm heterosexual.

2 Q. What are your pronouns?

3 A. He/him.

4 Q. How long have you identified or

5 used these pronouns?

6 A. For 51 years.

7 Q. What is your sexual orientation?

8 MR. FALK: Asked and answered.

9 BY MR. LANE:

10 Q. We'll move on.

11 At what point did you recognize the

12 he/him pronouns and sexual orientation for

13 yourself?

14 A. Can you clarify?

15 Q. Sure. At what point did you

16 realize that you were heterosexual?

17 MR. FALK: And I'm going to object

18 just for the record, this has nothing to

19 do with our case, but go ahead.

20 A. For 51 years.

21 BY MR. LANE:

22 Q. Thank you. Have you ever been

23 diagnosed with a mental disorder of any kind?

24 MR. FALK: Again, I'll object as --

25 on the grounds it's way beyond what our

Page 18

1 case is about, but go ahead and answer.

2 A. I have at times been diagnosed with

3 depression.

4 BY MR. LANE:

5 Q. Is that the only mental disorder?

6 A. Anxiety.

7 Q. Any others?

8 A. No.

9 Q. When were you diagnosed with

10 depression?

11 A. There have been two occasions, one

12 was about six years ago. They were both

13 episodic. The other one was around 1998 --

14 Q. Okay.

15 A. -- so when I was graduating with my

16 master's degree.

17 Q. And for anxiety, when were you

18 diagnosed for that?

19 A. Actually, around the same time as

20 the first episode, just before that.

21 Q. Have you taken any steps to manage

22 either of these diagnoses, subsequent to

23 diagnosis?

24 A. Taken medications. I'm not

25 currently taking medications for it. But at

Page 19

1 the time I take, you know, a medication for a

2 month or two, usually it breaks the episode.

3 Q. Okay. Have you sought any

4 counseling?

5 A. Yes.

6 Q. Tell me about that, please.

7 A. It's kind of the same thing.

8 Around the same time, find a therapist,

9 usually talk for a month or two, maybe.

10 Currently not seeing anyone and haven't for

11 many years.

12 Q. And you're married to your wife,

13 Lisa Welch?

14 A. That is correct.

15 Q. And Lisa is a coplaintiff in this

16 lawsuit, correct?

17 A. That is correct.

18 Q. How long have you two been married?

19 A. On June 14th it will be 20 years.

20 Q. Congratulations.

21 A. Thank you.

22 Q. Have you ever been married before

23 this?

24 A. No.

25 Q. How many children?

Page 20

1 A. One.

2 Q. All right. All with Lisa?

3 A. Yes.

4 Q. And that one child, that's just

5 M.W.; is that correct?

6 A. That is correct.

7 Q. Do you know M.W.'s sexual

8 orientation?

9 A. Yes.

10 Q. What is it?

11 A. Well, can you clarify what you mean

12 by "sexual orientation"?

13 Q. Sure. How would M.W. describe

14 the -- whether M.W. is attracted to natal

15 males, transgenders, natal females, in terms

16 of attraction, if that's ever been described

17 to you in your own experience?

18 A. I'm not sure I can answer that

19 question because he has been attracted to both

20 at periods of time but primarily males now.

21 Q. Okay.

22 Did you have any conversations with

23 M.W. about sexual orientation?

24 A. Yes.

25 Q. What did those conversations

<p style="text-align: right;">Page 21</p> <p>1 involve?</p> <p>2 A. Which one?</p> <p>3 Q. All of them, sir.</p> <p>4 A. Well, there have been several.</p> <p>5 He's my son, so we've had several</p> <p>6 conversations about this, and I think that's</p> <p>7 very difficult to answer because there have</p> <p>8 been so many over time.</p> <p>9 Q. Let's start with the first</p> <p>10 conversation that you ever had with M.W.</p> <p>11 regarding sexual orientation.</p> <p>12 What was discussed?</p> <p>13 Was there any confusion?</p> <p>14 How did you work through that with</p> <p>15 M.W.?</p> <p>16 MR. FALK: Just to clarify, I</p> <p>17 apologize, I stopped listening for a</p> <p>18 second. We were talking first about who</p> <p>19 M.W. was attracted to, but now you're</p> <p>20 asking about conversations concerning</p> <p>21 his own sexual orientation; is that</p> <p>22 correct?</p> <p>23 MR. LANE: That's correct. Yes.</p> <p>24 MR. FALK: Sorry.</p> <p>25 MR. LANE: Thanks, Ken.</p>	<p style="text-align: right;">Page 23</p> <p>1 trying to say, but we've talked through it.</p> <p>2 And for a lot of the times, the</p> <p>3 conversations are about, especially recently,</p> <p>4 about how he's primarily and almost</p> <p>5 exclusively attracted to males.</p> <p>6 Q. And M.W.'s sex at birth, what was</p> <p>7 that?</p> <p>8 A. Female.</p> <p>9 Q. And how long has M.W. identified as</p> <p>10 a boy?</p> <p>11 A. Since about 12 years old.</p> <p>12 Q. And how did you know that M.W. was</p> <p>13 identifying as a boy?</p> <p>14 A. He told me.</p> <p>15 Q. And has it been since about age 12</p> <p>16 that M.W. has lived as a boy at home and</p> <p>17 outside the home?</p> <p>18 A. Yes.</p> <p>19 Q. Has there been any difference in</p> <p>20 presentation inside the home versus outside</p> <p>21 the home?</p> <p>22 MR. FALK: I'm sorry. You need to</p> <p>23 wait until he finishes.</p> <p>24 THE WITNESS: Thank you, Ken.</p> <p>25 A. Yes. He has always -- there's</p>
<p style="text-align: right;">Page 22</p> <p>1 A. I honestly do not remember the</p> <p>2 first conversation we had about it.</p> <p>3 BY MR. LANE:</p> <p>4 Q. Do you remember any of the</p> <p>5 conversations that you had about it?</p> <p>6 A. Sure, yes.</p> <p>7 Q. Tell me about the conversations</p> <p>8 that you remember about it.</p> <p>9 What was discussed?</p> <p>10 How did you work through those</p> <p>11 conversations with M.W.?</p> <p>12 A. We've had, like I said, multiple</p> <p>13 conversations about it. He has explained</p> <p>14 that, you know, his sexual orientation has</p> <p>15 changed over time.</p> <p>16 But I think a lot of that had to do</p> <p>17 with -- and that was part of the conversation,</p> <p>18 or conversations over time, is, you know,</p> <p>19 whether -- how -- you know, with the knowledge</p> <p>20 that he had at the time, you know, we were</p> <p>21 talking, might be around 11 or 12 when we</p> <p>22 first started having those conversations.</p> <p>23 I don't think he completely</p> <p>24 understood, you know, exactly what -- I don't</p> <p>25 think he had the words to match what he was</p>	<p style="text-align: right;">Page 24</p> <p>1 never been a difference between inside the</p> <p>2 home and outside the home since age 12.</p> <p>3 BY MR. LANE:</p> <p>4 Q. Okay. Where does M.W. attend</p> <p>5 school?</p> <p>6 A. Currently, Herron High School.</p> <p>7 Q. Does M.W. enjoy school?</p> <p>8 A. Yes.</p> <p>9 Q. Does M.W. do well in school?</p> <p>10 A. Yes.</p> <p>11 Q. Do other students at the school</p> <p>12 know M.W. is transgender?</p> <p>13 A. Yes.</p> <p>14 Q. Throughout M.W.'s childhood, has</p> <p>15 M.W. experienced any big changes or stressful</p> <p>16 situations?</p> <p>17 A. No.</p> <p>18 Q. There's never been a loss of a</p> <p>19 family member in the family, any moves from</p> <p>20 state to state or anywhere that --</p> <p>21 A. No moves from state to state. Loss</p> <p>22 of one grandparent, but he wasn't close to</p> <p>23 that grandparent.</p> <p>24 Q. And how old was M.W. at the time</p> <p>25 that the grandparent was lost?</p>

Page 25

1 A. Seven or eight, I think.
2 Q. Does M.W. use social media?
3 A. Yes.
4 Q. What apps?
5 A. Instagram and TikTok.
6 Q. Okay. Do you know -- and you may
7 not -- but do you know to what extent M.W.
8 uses those apps?
9 A. Well, what do you mean by "use"?
10 Q. In terms of spending time on those
11 apps, have them open.
12 A. I would say viewing information on
13 the apps, I would say probably daily.
14 Q. Do you supervise M.W.'s social
15 media use at all?
16 A. Not anymore.
17 Q. When did you supervise his use?
18 A. When he first started, around -- I
19 don't think he really got involved with it
20 until around age 13 or so.
21 Q. So was there -- strike.
22 Does M.W. have any friends who are
23 transgender?
24 A. Not currently, no.
25 Q. Has M.W. ever been in or currently

Page 26
1 in a romantic relationship of any kind?
2 A. Yes.
3 Q. Is that a current relationship?
4 A. Not currently, no.
5 Q. So it was a past relationship?
6 A. Yes.
7 Q. Tell me about that relationship.
8 A. Well, he's had boyfriends that are
9 just boyfriends. I mean, at the time he was
10 14, 15, so it wasn't very serious.
11 Q. Were there any breakups?
12 A. Yes.
13 Q. Tell me about the breakup.
14 A. Which breakup?
15 Q. Let's start with the first breakup.
16 A. I mean, there's not really much to
17 talk about. They are very young teenagers.
18 They broke up. They stopped saying that they
19 were boyfriends.
20 Q. Okay. Were any of the -- how many
21 breakups has M.W. experienced?
22 A. I don't know exactly, three to
23 four.
24 Q. Were any of them more stressful
25 than others?

Page 27

1 A. No.
2 Q. Were any of the breakups worked
3 through with a therapist?
4 A. I don't know.
5 Q. Okay. Let's turn to the
6 declaration that you and your wife filed. I
7 believe that is marked as Exhibit 3.
8 We're going to start with me first
9 at Paragraph 3 here. When did you first have
10 any indication that M.W. was potentially
11 suffering from some condition of distress?
12 A. It was probably around 11, age 11
13 or 12.
14 Q. What were those signs?
15 A. Depressed mood, isolation,
16 withdrawal socially from friends and family.
17 Q. Were there any other symptoms?
18 A. He told us he was depressed and at
19 times anxious.
20 Q. Were there any specific times when
21 M.W. was more anxious than others that you
22 observed?
23 A. At that time, no.
24 Q. Were there any difficulties in
25 social situations other than that which you've

Page 28
1 mentioned?
2 A. No.
3 Q. Did you seek counseling or
4 treatment for any of these symptoms?
5 A. Yes.
6 Q. Tell me about that.
7 A. We found a therapist for him, and
8 he has -- at that time he was -- he had tried
9 a few antidepressants, but nothing really --
10 he had a lot of side effects from them, so he
11 stopped taking them.
12 Q. How long did M.W. stay with the
13 therapist?
14 A. I think eight to ten months, I
15 think.
16 Q. And why didn't M.W. stay with the
17 therapist longer?
18 A. We didn't -- well, because we met
19 with the therapist on a couple of occasions
20 and felt like it wasn't benefiting him.
21 Q. Okay. Why did you feel that way?
22 A. Just from the conversations we had
23 with the therapist and with the fact that, you
24 know, his anxiety and depression was
25 continuing.

<p style="text-align: right;">Page 29</p> <p>1 Q. Did the therapist recommend 2 anything else?</p> <p>3 A. No. We didn't -- I mean, we 4 severed the relationship, but we didn't ask 5 for a referral or anything.</p> <p>6 Q. Have you ever had M.W. tested for 7 autism?</p> <p>8 A. Yes.</p> <p>9 Q. What were the results?</p> <p>10 A. We don't have them.</p> <p>11 Q. When was that test done?</p> <p>12 A. Last week.</p> <p>13 Q. Oh. Where was the test done?</p> <p>14 A. I don't remember the name --</p> <p>15 Q. Okay.</p> <p>16 A. -- other than -- offhand.</p> <p>17 Q. Why wasn't the test done before 18 medical care in terms of testosterone?</p> <p>19 A. Because they're not related.</p> <p>20 Q. What's your basis for "not 21 related"?</p> <p>22 A. Because autism and gender dysphoria 23 are not the same thing.</p> <p>24 Q. So apart from the gender 25 noncongruence that we've talked about, when</p>	<p style="text-align: right;">Page 31</p> <p>1 thought he was trans, and we spent -- we had 2 lots of conversations about those and then 3 sought professional help.</p> <p>4 Q. How did those conversations go?</p> <p>5 A. Just him explaining how he felt, us 6 listening, asking lots of questions of him, 7 you know, so we kind of went that direction.</p> <p>8 Q. Understood. What kind of questions 9 were asked?</p> <p>10 A. Did we ask him?</p> <p>11 Q. Yes.</p> <p>12 A. How do you know, you know, there 13 were questions about, you know, for myself, 14 just, you know, asking how he knows that, you 15 know, asking about things that have happened 16 in the past, you know, just kind of -- you 17 know, with a lot of his answers, some things 18 started to make sense of things that he did 19 when he was smaller, when he was younger.</p> <p>20 Q. Okay. So --</p> <p>21 A. A lot of times those conversations 22 also were starting to make the connection of, 23 you know, his struggles with depression and 24 anxiety.</p> <p>25 Q. When you say things that happened</p>
<p style="text-align: right;">Page 30</p> <p>1 did you first suspect that M.W. was 2 experiencing gender dysphoria?</p> <p>3 A. When he told us he was transgender.</p> <p>4 Q. What's your understanding of gender 5 dysphoria, generally?</p> <p>6 A. Well, it is -- are you asking me to 7 define it or how do I know what it is?</p> <p>8 Q. Just how do you understand it 9 generally?</p> <p>10 A. So do you want me to -- I'm sorry. 11 I don't understand the question.</p> <p>12 Q. Well, let's start with, if you'll 13 define it, and then next if you'll explain how 14 you know what it is.</p> <p>15 A. Okay. So gender dysphoria is an 16 incongruence between the birth -- someone who 17 is assigned -- or the gender they're assigned 18 at birth and their sexual identity, or their 19 gender identity, I'm sorry. And the -- which 20 tends to cause conflict, anxiety, and 21 depression, those types of things.</p> <p>22 Q. Were there any behaviors besides 23 anxiety and depression that made you suspect 24 M.W. was experiencing gender dysphoria?</p> <p>25 A. Well, after he told us that he</p>	<p style="text-align: right;">Page 32</p> <p>1 in the past, what are you referring to?</p> <p>2 A. The way he played, the toys he 3 played with, his behavior, things he enjoyed 4 doing, and not enjoyed doing.</p> <p>5 Q. What toys? What --</p> <p>6 A. We always made sure that, you know, 7 there wasn't gender-specific toys. He had a 8 plethora of different things between Hot 9 Wheels and trucks and dolls and plushies and 10 those types of things. And, you know, he -- 11 at the time he played with pretty much 12 everything.</p> <p>13 You know, other things, like he 14 hated wearing dresses, always did. Hated 15 wearing very feminine clothes. Would usually 16 create quite a ruckus in order to change into 17 something that was more either gender-neutral, 18 or not really masculine when he was small but 19 more gender-neutral.</p> <p>20 Q. And at what age was M.W. when you 21 say that there was, in your words, creating a 22 ruckus about clothes?</p> <p>23 A. Kind of always, his whole life. 24 Obviously not when he was an infant because, I 25 mean, he couldn't talk then. But, you know,</p>

<p style="text-align: right;">Page 33</p> <p>1 as soon as we started, you know -- he -- I</p> <p>2 think it's around three or four, right when</p> <p>3 they're a toddler and they start having a</p> <p>4 little bit more of an opinion on what they</p> <p>5 wear and things.</p> <p>6 Yeah, it was -- you know, there</p> <p>7 were Christmas dresses that we paid quite a</p> <p>8 bit of money for but lasted about</p> <p>9 five minutes. Just enough for grandma and</p> <p>10 grandpa to see them.</p> <p>11 Q. And when you say that M.W. sort of</p> <p>12 played with almost everything in terms of</p> <p>13 toys, how old was M.W. when you observed that</p> <p>14 was going on?</p> <p>15 A. As soon as he started playing with</p> <p>16 toys. You know, it's -- I would imagine</p> <p>17 around two. It doesn't take much to roll a</p> <p>18 truck around on the floor or put a doll in the</p> <p>19 back of it.</p> <p>20 Q. Did you ever think at any time that</p> <p>21 those behaviors might indicate something other</p> <p>22 than gender dysphoria?</p> <p>23 A. Yes.</p> <p>24 Q. And how did you react?</p> <p>25 A. You know, concern, confusion. No</p>	<p style="text-align: right;">Page 35</p> <p>1 two of you filed.</p> <p>2 A. Uh-huh.</p> <p>3 Q. You say there, and I</p> <p>4 read: "Socially transitioned at 14 and has</p> <p>5 consistently used a boy's first name since</p> <p>6 then and dresses and presents as male."</p> <p>7 What do you mean by social</p> <p>8 transition?</p> <p>9 A. He changed his name and pronouns.</p> <p>10 Q. Was that a legal change?</p> <p>11 A. No.</p> <p>12 Q. Why not?</p> <p>13 A. Because we weren't ready to do that</p> <p>14 then. I think part of the social transition</p> <p>15 with a lot of transgendered kids is, you know,</p> <p>16 that's part of the, you know, feeling out to</p> <p>17 make sure that this truly is a thing.</p> <p>18 Q. So besides the name and the</p> <p>19 pronouns, were there any other steps that were</p> <p>20 taken to socially transition?</p> <p>21 A. He started dressing more masculine.</p> <p>22 That was really it.</p> <p>23 Q. And who decided M.W. would live and</p> <p>24 present as a boy?</p> <p>25 A. He did.</p>
<p style="text-align: right;">Page 34</p> <p>1 one -- I don't think anyone can really</p> <p>2 expect -- any parent can expect to hear that</p> <p>3 their child is transgender, not that I have a</p> <p>4 problem with that, but it does change things</p> <p>5 dramatically when you think about, you know,</p> <p>6 every parent, I think, has visions of what</p> <p>7 their child might be, and it changes a lot of</p> <p>8 that.</p> <p>9 So there's also concern for the</p> <p>10 safety of -- his safety. Transgender people</p> <p>11 don't typically have a very safe and healthy</p> <p>12 life.</p> <p>13 Q. Okay. So as a result of that</p> <p>14 reaction, what did you decide to do as a</p> <p>15 result of M.W.'s behavior and the reaction</p> <p>16 that you had?</p> <p>17 A. Well, I talked to my wife a lot.</p> <p>18 Talked to him a lot. You know, that's part of</p> <p>19 those conversations we were talking about</p> <p>20 earlier. You know, just really making sure</p> <p>21 that he understood what transgender meant, you</p> <p>22 know, having conversations about how that</p> <p>23 might impact his life.</p> <p>24 Q. All right. Let's move down to</p> <p>25 Paragraph Number 4 in the declaration that the</p>	<p style="text-align: right;">Page 36</p> <p>1 Q. And when was that decision made?</p> <p>2 A. About age 14.</p> <p>3 Q. And you agreed with that decision?</p> <p>4 A. Yes.</p> <p>5 Q. Was there ever a legal gender</p> <p>6 marker change?</p> <p>7 A. No.</p> <p>8 Q. Why not?</p> <p>9 A. Because we're -- that's not</p> <p>10 something you do when they first tell you</p> <p>11 they're transgender.</p> <p>12 Q. Have you looked into either, like,</p> <p>13 a legal name change at this point or a legal</p> <p>14 gender marker change at this point?</p> <p>15 A. Yes.</p> <p>16 Q. How has that gone?</p> <p>17 A. Pretty well. In fact, we're in the</p> <p>18 process of getting the name change.</p> <p>19 Q. When did that process begin?</p> <p>20 A. About two months -- a month ago.</p> <p>21 Q. Has that been since filing the</p> <p>22 lawsuit?</p> <p>23 A. Yes.</p> <p>24 Q. In paragraph 7 of your declaration,</p> <p>25 so flip with me here over to page ID 263. It</p>

<p style="text-align: right;">Page 37</p> <p>1 says there that "we purchased a chest binder 2 for M.W."</p> <p>3 Do you see where that says that?</p> <p>4 A. Yes.</p> <p>5 Q. What is a chest binder?</p> <p>6 A. It is a foundation undergarment 7 used to bring the breasts in to make him look 8 more male.</p> <p>9 Q. Okay. What led you to your 10 decision to purchase one?</p> <p>11 A. It seemed like the logical next 12 step for his transition. He asked for one. 13 We looked into it, did some research on that, 14 and purchased one for him to try.</p> <p>15 Q. What resources did you find in your 16 research?</p> <p>17 A. We went to various websites for, 18 you know, in order to purchase one, did some 19 research online on the proper ways to use one, 20 how safe are they, you know, any -- not side 21 effects, but, you know, how safe is it. Those 22 types of things.</p> <p>23 Q. Social transition notwithstanding, 24 will M.W.'s body ever be able to produce 25 sperm?</p>	<p style="text-align: right;">Page 39</p> <p>1 A. You know, after, you know, several 2 conversations with him, we had decided that it 3 was time to, you know, get more professional 4 opinions and treatments -- or opinions, 5 actually, is what we were looking for at the 6 time.</p> <p>7 And, you know, did a lot of 8 research online about what possibilities we 9 had in Indiana. Riley was obviously close, 10 but it's also one of the only ones. So we 11 contacted them at that time.</p> <p>12 Q. Is M.W.'s primary care physician at 13 Riley?</p> <p>14 A. No.</p> <p>15 Q. Does M.W. receive any medical care 16 anywhere besides Riley?</p> <p>17 A. Yes.</p> <p>18 Q. Where?</p> <p>19 A. St. Vincent Hospital.</p> <p>20 Q. What kind of medical care?</p> <p>21 A. That's where his pediatrician is.</p> <p>22 Q. Has the pediatrician been involved 23 with the gender transition procedures that 24 have recently been undertaken with M.W.? 25 A. He's not involved but informed.</p>
<p style="text-align: right;">Page 38</p> <p>1 A. No.</p> <p>2 Q. Has anyone discussed that with 3 M.W.?</p> <p>4 A. Not that I'm aware of.</p> <p>5 Q. Why not?</p> <p>6 A. I don't think he expects to ever 7 produce sperm.</p> <p>8 Q. Does M.W. ever want to have kids?</p> <p>9 A. No.</p> <p>10 Q. Does M.W. ever want to adopt kids?</p> <p>11 A. Yes.</p> <p>12 Q. Let's move on to medical treatment. 13 So at what point did you seek 14 professional medical care?</p> <p>15 MR. FALK: Just to clarify, for?</p> <p>16 MR. LANE: For gender dysphoria.</p> <p>17 MR. FALK: Thank you.</p> <p>18 MR. LANE: Thanks, Ken.</p> <p>19 A. That would be, I think it was 20 November 2021. Yep.</p> <p>21 BY MR. LANE:</p> <p>22 Q. And where did you go?</p> <p>23 A. To Riley Children's Hospital.</p> <p>24 Q. Why did you go to Riley Children's 25 Hospital?</p>	<p style="text-align: right;">Page 40</p> <p>1 Q. Did you consult that pediatrician?</p> <p>2 A. At that time, no.</p> <p>3 Q. Why not?</p> <p>4 A. Because that's not his specialty.</p> <p>5 Q. Okay. So, moving back to Riley.</p> <p>6 A. Uh-huh.</p> <p>7 Q. How did the initial appointment at 8 Riley go?</p> <p>9 A. Well, it was the pandemic. So it 10 was virtually. It was online through a Zoom 11 link.</p> <p>12 It went well. We met the 13 physicians. The three of us sat down and had 14 a conversation with them. And then they asked 15 to speak to M.W. alone, which they did. And 16 then they gave us some more resource 17 materials, and then we scheduled a follow-up 18 appointment.</p> <p>19 Q. Tell me about those conversations. 20 What was discussed with the 21 physicians?</p> <p>22 A. More of a history, you know, his 23 history of, you know, his transgender -- being 24 transgender, his medical history without 25 being -- you know, before he was transgender</p>

<p style="text-align: right;">Page 41</p> <p>1 or came out as transgender. You know, it was 2 a lot of that conversation.</p> <p>3 Q. And you said they provided resource 4 materials to you over at Riley.</p> <p>5 A. Uh-huh.</p> <p>6 Q. What resource materials were 7 provided?</p> <p>8 A. Support groups, legal groups to 9 contact, those types of things.</p> <p>10 Q. Okay. What did you tell the 11 providers when they asked about M.W.'s history 12 prior to that appointment?</p> <p>13 A. We explained the history of 14 anxiety/depression, we explained, you know, 15 the -- when he came out to us, we talked about 16 the conversations that we've had.</p> <p>17 Q. Were there any evaluations or tests 18 that were conducted?</p> <p>19 A. I'm assuming that there was when 20 they talked to him alone.</p> <p>21 Q. Okay. Were you ever apprised of 22 any of those tests?</p> <p>23 A. We talked about them. I don't 24 think -- we talked about them -- I think at 25 the second appointment that we had, I think it</p>	<p style="text-align: right;">Page 43</p> <p>1 them and us. They had not been able to 2 evaluate him appropriately or the way that 3 they wanted to. But the conversations were 4 started. My wife and I had conversations with 5 them about it as well at that time.</p> <p>6 Q. Okay. Was M.W. diagnosed formally 7 with gender dysphoria at that first 8 appointment or for the follow-up appointment?</p> <p>9 A. I believe so, yes.</p> <p>10 Q. At a follow-up appointment?</p> <p>11 A. Well, I mean, I think it was at the 12 first appointment, so that diagnosis carried 13 over.</p> <p>14 Q. Okay. Was M.W. diagnosed with any 15 other conditions at that point?</p> <p>16 A. No.</p> <p>17 Q. Does M.W. have any other conditions 18 besides gender dysphoria?</p> <p>19 A. Depression, anxiety.</p> <p>20 Q. Are those diagnosed conditions?</p> <p>21 A. Yes.</p> <p>22 Q. When were they diagnosed?</p> <p>23 A. Years beforehand, as we talked 24 about.</p> <p>25 Q. Was there any treatment prescribed</p>
<p style="text-align: right;">Page 42</p> <p>1 was. And then we've talked about them when we 2 started seeing -- the first time we went in 3 actually physically to see them.</p> <p>4 Q. How long was that first 5 appointment?</p> <p>6 A. About an hour and a half.</p> <p>7 Q. And what was the result of the 8 appointment?</p> <p>9 A. They wanted to speak to him again. 10 He was asked to join a support group, as we 11 were as well.</p> <p>12 Q. And were there any follow-up 13 appointments?</p> <p>14 A. Yes.</p> <p>15 Q. Tell me about those.</p> <p>16 A. Like I said, there was a follow-up 17 appointment that was virtual. It went very 18 much the same way, asked how he was doing, 19 asked how the support groups were doing, and, 20 you know, he had several questions about 21 starting testosterone, those types of things.</p> <p>22 Q. What were those questions?</p> <p>23 A. You know, for him, his was like, 24 can I start it now?</p> <p>25 Which, the answer was no, from both</p>	<p style="text-align: right;">Page 44</p> <p>1 for depression or anxiety?</p> <p>2 A. Yes.</p> <p>3 Q. Talk to me about what those are.</p> <p>4 A. The therapist and the medication 5 that he tried. He's currently -- he has a 6 prescription that he hasn't started yet.</p> <p>7 Q. Okay. When did he get that 8 prescription?</p> <p>9 A. Yesterday.</p> <p>10 Q. Is that prescription for depression 11 or for anxiety?</p> <p>12 A. Depression.</p> <p>13 Q. Is there any medication for 14 anxiety?</p> <p>15 A. No. Although antidepressants 16 usually work for anxiety as well.</p> <p>17 Q. What's your basis for that?</p> <p>18 Sorry, what's your basis for the 19 statement that antidepressants work for 20 anxiety as well?</p> <p>21 A. Because they often are. Physicians 22 will tell you that. I work in the field, you 23 know, often they're -- they're often 24 prescribed for both.</p> <p>25 Q. Did the medical providers at Riley</p>

<p style="text-align: right;">Page 45</p> <p>1 discuss whether M.W.'s behavior may be related</p> <p>2 to something other than gender dysphoria?</p> <p>3 A. No.</p> <p>4 Q. All right. I think this is a great</p> <p>5 opportunity to take our first break. We</p> <p>6 are -- by my read, we're exactly 40 minutes</p> <p>7 in.</p> <p>8 So let's go ahead and break now</p> <p>9 for, let's say, five minutes, resuming at</p> <p>10 10:15 a.m.?</p> <p>11 THE WITNESS: Okay.</p> <p>12 (A recess was taken between</p> <p>13 10:10 a.m. and 10:18 a.m.)</p> <p>14 BY MR. LANE:</p> <p>15 Q. Mr. Welch?</p> <p>16 A. Uh-huh.</p> <p>17 Q. Has M.W. ever been diagnosed with</p> <p>18 ADD?</p> <p>19 A. Yes, he has.</p> <p>20 Q. Tell me about that diagnosis.</p> <p>21 A. He received that diagnosis --</p> <p>22 trying to remember. I would say he was about</p> <p>23 eight, eight or nine. We saw -- I saw signs</p> <p>24 of it early on when he was, like, in early</p> <p>25 elementary school, kindergarten, first grade.</p>	<p style="text-align: right;">Page 47</p> <p>1 Q. When did you first learn about</p> <p>2 puberty blockers?</p> <p>3 A. A couple years ago.</p> <p>4 Q. Was that from doctors? From your</p> <p>5 own research?</p> <p>6 A. Just when we first started looking</p> <p>7 into him being transgender.</p> <p>8 Q. So is it from your own research?</p> <p>9 A. My own research, yeah, but some</p> <p>10 questions with the doctors at Riley.</p> <p>11 Q. Okay.</p> <p>12 A. But they don't apply to his case.</p> <p>13 Q. So that's interesting to me. So</p> <p>14 the conversations at Riley in terms of</p> <p>15 treatment, was there any discussion about</p> <p>16 puberty blockers in this case?</p> <p>17 A. No, because he had already started</p> <p>18 puberty, and it wasn't needed for transition</p> <p>19 from female to male.</p> <p>20 Q. Okay. And did you bring that up to</p> <p>21 the physicians or vice versa?</p> <p>22 A. We had a conversation about it.</p> <p>23 Q. Do you remember who brought up the</p> <p>24 idea that it might not be necessary at this</p> <p>25 juncture?</p>
<p style="text-align: right;">Page 46</p> <p>1 We eventually got him tested when</p> <p>2 we thought he was old enough to really like --</p> <p>3 the behaviors persisted. So he was tested and</p> <p>4 was diagnosed with ADD.</p> <p>5 Q. ADD. And you understand ADD to be</p> <p>6 what?</p> <p>7 A. Attention deficit disorder. He</p> <p>8 does not have hyperactivity with it, so</p> <p>9 there's no H there.</p> <p>10 Q. Okay. What were the signs with ADD</p> <p>11 that you noticed?</p> <p>12 A. Extremely easily distracted, you</p> <p>13 know, things like helping him with his</p> <p>14 homework and he would drop his pencil about</p> <p>15 every other letter he wrote, things like that.</p> <p>16 Interrupting conversations, those types of</p> <p>17 things.</p> <p>18 Q. Okay.</p> <p>19 A. More than you would expect a</p> <p>20 seven-year-old to do.</p> <p>21 Q. Thank you.</p> <p>22 Let's switch gears just a little</p> <p>23 bit. What do you know about puberty-blocking</p> <p>24 drugs?</p> <p>25 A. They block puberty.</p>	<p style="text-align: right;">Page 48</p> <p>1 A. We asked about it and they told us</p> <p>2 it wasn't necessary.</p> <p>3 Q. All right. Let's move down in your</p> <p>4 declaration. Again, this is Exhibit Number 3</p> <p>5 as I have it. We're going to look at</p> <p>6 Paragraph Number 8, the medical professionals</p> <p>7 at Riley, and I'm quoting from it: "The</p> <p>8 medical professionals at Riley also prescribed</p> <p>9 testosterone."</p> <p>10 Do you see where it says that?</p> <p>11 A. Yes.</p> <p>12 Q. Did M.W. ever receive</p> <p>13 norethindrone, spelled</p> <p>14 n-o-r-e-t-h-i-n-d-r-o-n-e, for menstrual</p> <p>15 suppression or any other menstrual-suppressing</p> <p>16 drug?</p> <p>17 A. Yes.</p> <p>18 Q. Would you consider menstrual</p> <p>19 suppression a puberty blocker?</p> <p>20 A. I don't know. I mean, I don't know</p> <p>21 if it is or not.</p> <p>22 Q. Okay. When was it decided that</p> <p>23 M.W. would receive norethindrone for menstrual</p> <p>24 suppression?</p> <p>25 A. Actually, that was at the -- it was</p>

<p style="text-align: right;">Page 49</p> <p>1 either at the first or second appointment, the 2 virtual appointments we had.</p> <p>3 Q. Why was M.W. taking norethindrone? 4 A. To block his menstrual cycle.</p> <p>5 Q. Was that for gender dysphoria 6 diagnosis purposes or was it for another 7 purpose? 8 A. That was for gender dysphoria.</p> <p>9 Q. Okay. What was that process, if 10 you'll just walk me through it, in deciding 11 whether M.W. would take norethindrone for 12 menstrual suppression with respect to gender 13 dysphoria? 14 A. Yeah. So remembering now the 15 conversation that we had with Riley, that was 16 one of the first steps. They did not want to 17 prescribe testosterone right away. They 18 wanted to start with blocking his menstrual 19 cycles to -- you know, it's part of the gender 20 dysphoria.</p> <p>21 Q. Okay. 22 A. It did not work well. He did not 23 take it for very long.</p> <p>24 Q. Why is that? 25 A. It didn't work for him. Like I had</p>	<p style="text-align: right;">Page 51</p> <p>1 identity with his -- not with his assigned 2 gender, but it made him feel a lot more like 3 the gender identity that he has.</p> <p>4 Q. And why was that? 5 A. Because he wasn't -- he had very 6 strong menstrual cycles, and he wasn't -- the 7 point was to not have menstrual cycles 8 anymore, because boys don't have those.</p> <p>9 Q. Were there any unknowns that were 10 presented to you during that conversation 11 about norethindrone? 12 A. No.</p> <p>13 Q. What are some of the risks of 14 norethindrone, notwithstanding the nausea and 15 upset stomach? 16 A. I don't remember.</p> <p>17 Q. Were you told about any alternative 18 courses for treatment for gender dysphoria? 19 A. No. They explained to us that 20 there were -- especially with his age, there 21 was a fairly standard process, you know. You 22 start for transitioning from female to male, 23 and that was usually the first step was to 24 stop the menstrual cycle.</p> <p>25 Q. Okay. So psychotherapy, for</p>
<p style="text-align: right;">Page 50</p> <p>1 stated before, he's pretty sensitive to 2 medication, so a lot of stuff that he takes, 3 you know, we've struggled with actually the 4 ADD medicines, antidepressants, antianxiety 5 medications. So when we find one, we tend to 6 stick with it, but that one did not work 7 really well for him.</p> <p>8 Q. Were there side effects that were 9 specific to norethindrone? 10 A. Yeah. I think it just upset his 11 stomach a lot.</p> <p>12 Q. When did you discuss that side 13 effect, that nausea or upset stomach, as you 14 say, with the medical providers that 15 prescribed it? 16 A. Yeah. At the second appointment.</p> <p>17 Q. What did they say? 18 A. Stop taking it, which we already 19 have.</p> <p>20 Q. What were you told as to the extent 21 or the evidence as to the benefits of using 22 norethindrone versus the risks with respect to 23 gender dysphoria? 24 A. Well, the benefits were that, you 25 know, it more closely aligned his gender</p>	<p style="text-align: right;">Page 52</p> <p>1 example, was not discussed? 2 A. Yes, it was discussed.</p> <p>3 Q. Tell me about that conversation. 4 A. They suggested that he have it. I 5 mean, we -- and he has a therapist that he 6 works with.</p> <p>7 Q. So what does the -- how long has he 8 been seeing the therapist? 9 A. His current therapist, it's been 10 just less than a year, I think.</p> <p>11 Q. Okay. So I assume, as you said, 12 that norethindrone has stopped at this point; 13 is that correct? 14 A. That is correct.</p> <p>15 Q. Is there any intent to go back to 16 that? 17 A. No.</p> <p>18 Q. Has menstrual cycles persisted with 19 M.W. at this point, now that norethindrone has 20 been stopped? 21 A. No.</p> <p>22 Q. Were you ever aware of the 23 percentage of individuals who stop identifying 24 as transgender or stop experiencing gender 25 dysphoria over time after puberty?</p>

<p style="text-align: right;">Page 53</p> <p>1 A. No.</p> <p>2 Q. All right. Are you familiar with</p> <p>3 cross-sex hormones?</p> <p>4 A. I don't know what that is, or at</p> <p>5 least by that word.</p> <p>6 Q. Okay. Are you familiar with</p> <p>7 testosterone supplements?</p> <p>8 A. Yes.</p> <p>9 Q. Are you familiar with using</p> <p>10 testosterone as a drug to treat gender</p> <p>11 dysphoria?</p> <p>12 A. Yes.</p> <p>13 Q. So what do you know about that</p> <p>14 process?</p> <p>15 A. That someone gets prescribed</p> <p>16 testosterone, and they take it.</p> <p>17 Q. Is that what we might think of as</p> <p>18 an on-label use?</p> <p>19 A. I don't know the label use for</p> <p>20 testosterone.</p> <p>21 Q. Okay. Can you think of any reason</p> <p>22 besides gender dysphoria that a person with</p> <p>23 ovaries would be prescribed testosterone?</p> <p>24 A. No. Not my specialty.</p> <p>25 Q. Were any of those reasons ever</p>	<p style="text-align: right;">Page 55</p> <p>1 body, increased hair, lowered his voice,</p> <p>2 stopped his menstrual cycle.</p> <p>3 Q. Okay. Let's talk about the side</p> <p>4 effects. Were those communicated to you?</p> <p>5 A. Yeah, I believe so.</p> <p>6 Q. By whom?</p> <p>7 A. The doctors.</p> <p>8 Q. Okay. The doctors at Riley?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. Did you do any independent</p> <p>11 research on testosterone?</p> <p>12 A. A little bit, yes.</p> <p>13 Q. Okay. Tell me about that.</p> <p>14 A. Online. Just looked online, WebMD,</p> <p>15 those types of things. Just seeing, you know,</p> <p>16 what the effects were, side effects, is it</p> <p>17 reversible, those type of -- you know, any --</p> <p>18 what are the lasting effects of somebody who</p> <p>19 would actually stop taking testosterone.</p> <p>20 Q. Are you aware of any risks to</p> <p>21 fertility in the long-term as a result of</p> <p>22 testosterone to a person born with ovaries?</p> <p>23 A. Yes.</p> <p>24 Q. Tell me about those.</p> <p>25 A. That was one of our concerns. We</p>
<p style="text-align: right;">Page 54</p> <p>1 communicated to you by physicians at Riley?</p> <p>2 A. No.</p> <p>3 Q. So have M.W.'s medical providers</p> <p>4 discussed providing testosterone to M.W. with</p> <p>5 you?</p> <p>6 A. Yes.</p> <p>7 Q. What did those conversations look</p> <p>8 like?</p> <p>9 A. They were conversations -- we had</p> <p>10 that conversation with -- well, with almost</p> <p>11 every appointment we've had, but specifically,</p> <p>12 the first time we actually went in to Riley,</p> <p>13 we had -- we had had conversations with them</p> <p>14 before about, you know, what testosterone</p> <p>15 does, you know, what are the effects of it,</p> <p>16 what are any of the side effects of it, you</p> <p>17 know, what -- you know, how it's used,</p> <p>18 different ways, different routes to administer</p> <p>19 it, those types of things.</p> <p>20 Q. What does testosterone do?</p> <p>21 A. Well, for my son, it produced a lot</p> <p>22 more male physical characteristics on his</p> <p>23 body.</p> <p>24 Q. Can you describe those for us?</p> <p>25 A. Facial hair, hair all over the</p>	<p style="text-align: right;">Page 56</p> <p>1 had a discussion with the physicians at Riley</p> <p>2 about that, a long discussion about that and</p> <p>3 some of the other effects.</p> <p>4 Q. All right. Tell me about that</p> <p>5 conversation.</p> <p>6 A. We just had concerns. As I</p> <p>7 previously stated, M.W. has always stated that</p> <p>8 he does not want to give birth to children.</p> <p>9 Although he has considered, you know, or has</p> <p>10 talked about possibly adopting children later.</p> <p>11 But we wanted to make sure, because</p> <p>12 he was too young to truly make that decision</p> <p>13 for himself. So we had a discussion with the</p> <p>14 physicians at Riley about fertility, the</p> <p>15 effects of testosterone on fertility, and they</p> <p>16 explained to us that although there is some</p> <p>17 risk to fertility, clearly it was not</p> <p>18 something that we were -- you know, he's</p> <p>19 already expressed that he didn't want to have</p> <p>20 children.</p> <p>21 But they also said that there were</p> <p>22 also ways they could, you know, remove some of</p> <p>23 his eggs if that's something he really, really</p> <p>24 wanted to do, or we wanted to have done with</p> <p>25 his permission. But also that they explained</p>

<p style="text-align: right;">Page 57</p> <p>1 to us they have fertility clinics that they</p> <p>2 have worked with.</p> <p>3 Q. When you had this conversation with</p> <p>4 the physicians, how old was M.W.?</p> <p>5 A. He was about 14 and a half.</p> <p>6 Q. Were there any other concerns or,</p> <p>7 as you say in paragraph 9 of your declaration,</p> <p>8 potential negative side effects besides</p> <p>9 fertility that you were thinking about at this</p> <p>10 time?</p> <p>11 A. No. They explained the vast</p> <p>12 majority of the effects of the testosterone</p> <p>13 are reversible. He stops taking it, you know,</p> <p>14 the hair eventually goes away. The only</p> <p>15 permanence would be a lowered voice.</p> <p>16 Q. Okay. Have you talked to M.W.</p> <p>17 about the lowered voice?</p> <p>18 A. Yes.</p> <p>19 Q. Were there any unknowns that were</p> <p>20 presented to you by the physicians at Riley or</p> <p>21 anything you discovered in your own research</p> <p>22 with respect to providing hormone therapy in</p> <p>23 this regard to M.W.?</p> <p>24 A. Not that I remember.</p> <p>25 Q. Okay. Will M.W. continue to</p>	<p style="text-align: right;">Page 59</p> <p>1 worse recently.</p> <p>2 Q. Okay. In what ways?</p> <p>3 A. His mood has darkened, some</p> <p>4 suicidal ideation.</p> <p>5 Q. Okay. When would you say the</p> <p>6 moods -- you noticed a change in mood</p> <p>7 recently?</p> <p>8 A. The closer we get to the trial date</p> <p>9 for this law. This has had a very large</p> <p>10 impact on him, you know. And he understands</p> <p>11 that there are adults in this state who don't</p> <p>12 want him to exist.</p> <p>13 Q. What's your basis for that?</p> <p>14 A. Conversations with him.</p> <p>15 Q. And so this is M.W.'s understanding</p> <p>16 of the law?</p> <p>17 A. Well, he understands more about the</p> <p>18 law than that, but as -- he also understands</p> <p>19 that if the law takes effect, he can't take</p> <p>20 the testosterone, which is one of the things</p> <p>21 that have actually greatly improved his mood</p> <p>22 over time.</p> <p>23 Q. Okay. Is there any way to isolate</p> <p>24 the testosterone supplements as opposed to the</p> <p>25 mental health therapy, in terms of that</p>
<p style="text-align: right;">Page 58</p> <p>1 receive hormones in the future?</p> <p>2 A. Yes.</p> <p>3 Q. For how long?</p> <p>4 A. Right now, it looks like for the</p> <p>5 rest of his life.</p> <p>6 Q. Let's go back. I knew you had</p> <p>7 mentioned that M.W. also received some mental</p> <p>8 health therapy. This is paragraph 10 of your</p> <p>9 declaration.</p> <p>10 Do you see that there?</p> <p>11 A. Yep.</p> <p>12 Q. And you also mentioned the negative</p> <p>13 mental health effects of his gender dysphoria</p> <p>14 there in paragraph 10.</p> <p>15 Do you see that there?</p> <p>16 A. Yes.</p> <p>17 Q. What are the negative mental health</p> <p>18 effects of gender dysphoria?</p> <p>19 A. Depression and anxiety.</p> <p>20 Q. Are those the only ones?</p> <p>21 A. I mean, mainly it's the depression.</p> <p>22 I mean, there's a lot of anxiety with gender</p> <p>23 dysphoria. I mean, it's not easy to walk</p> <p>24 around like that these days, especially around</p> <p>25 here. But the depression has gotten a lot</p>	<p style="text-align: right;">Page 60</p> <p>1 improved mood that you see?</p> <p>2 A. Well, I don't know if you can</p> <p>3 actually separate them. But he has seen</p> <p>4 therapists for anxiety and depression long</p> <p>5 before he was diagnosed with gender dysphoria.</p> <p>6 A lot of that anxiety and</p> <p>7 depression actually subsided as soon as he</p> <p>8 started the testosterone and living a more</p> <p>9 authentic life that aligned with his gender</p> <p>10 identity.</p> <p>11 The depression has returned as this</p> <p>12 law has come into effect, and the pressure</p> <p>13 that he feels, and the risk of losing that</p> <p>14 treatment that has greatly improved his</p> <p>15 anxiety and depression.</p> <p>16 Q. Okay. Let's unpack this a little</p> <p>17 bit further.</p> <p>18 So how many therapists has M.W.</p> <p>19 seen over the course of M.W.'s life?</p> <p>20 A. Two.</p> <p>21 Q. Two. So he's on the second</p> <p>22 therapist.</p> <p>23 When did this mental health</p> <p>24 therapist start treating M.W.?</p> <p>25 A. This was about eight months ago.</p>

<p style="text-align: right;">Page 61</p> <p>1 Q. Okay. And how did you decide on 2 this particular provider? 3 A. I believe this provider was one 4 listed in the resources that we received from 5 the gender clinic at Riley Hospital. 6 Q. Okay. Which provider is it? 7 A. I think the organization is called 8 Better Life. 9 Q. Okay. So talk to me a little bit 10 about what this therapy that M.W. is currently 11 receiving, what does that therapy entail? 12 A. It's primarily for the anxiety and 13 depression, but we do know that they talk 14 about, you know, his gender dysphoria issues. 15 Q. Okay. And do you know in what way 16 they talked about those gender dysphoria 17 issues? 18 A. No, we're not -- we don't attend 19 them. 20 Q. Does M.W. ever tell you anything 21 about how those sessions go? 22 A. Very little. We talk about it, if 23 he feels like it was a good session or not. 24 Q. I'm sorry, please continue. 25 A. No, that was it. Just, you know,</p>	<p style="text-align: right;">Page 63</p> <p>1 meet with M.W.? 2 A. Approximately once a week. 3 Q. Has anyone at Riley ever offered 4 you and M.W. fertility counseling in any way? 5 A. Yes. 6 Q. Tell me about that conversation. 7 A. They asked us, you know, before -- 8 it was within the -- the first appointment 9 that we attended in person, when we had long 10 discussions about this. And they just offered 11 that if that's something that he or we were 12 interested in, that it was always a 13 possibility. 14 Q. Did you accept or decline it? 15 A. We declined it. 16 Q. Why? 17 A. Because one, there is a risk of it 18 with testosterone, but it's not -- it doesn't 19 guarantee that, right? 20 There's -- you can come off, 21 there's plenty of people that come off of 22 testosterone and still are able to have 23 children. And he's not interested. 24 Q. Okay. So the first clause of what 25 you said, there's plenty of people that come</p>
<p style="text-align: right;">Page 62</p> <p>1 whether he -- you know, we ask if it was a 2 good session or not. I mean, we respect his 3 privacy. 4 It's kind of a -- granted, we do 5 have contact with the therapist, we do talk, 6 but we don't get into the details of exactly 7 what they discuss. 8 I also know that he brings home 9 work that are, you know, helping to deal with 10 coping mechanisms, those types of things. 11 Q. What kind of coping mechanisms, 12 what kind of work does M.W. bring home? 13 A. It hasn't been a whole lot. He has 14 brought home a few sheets where they've gone 15 over ways that he can, you know, cope with, 16 like I said, the depression in particular. 17 He recently brought home what's 18 called a safety plan. As I mentioned, he 19 has -- his depression has increased. There 20 was a bit of suicidal ideation, so they put 21 together, like, a safety plan on things that 22 he can do depending on where he's at, whether 23 it's at school or at home or those types of 24 things. 25 Q. And how often does the therapist</p>	<p style="text-align: right;">Page 64</p> <p>1 off of testosterone that still continue to be 2 fertile subsequently, I kind of want to zero 3 in on that just a little bit. 4 What is your basis for saying that? 5 Is it conversations with 6 physicians, your own research, combination? 7 Walk me through how you're 8 balancing that. 9 A. That's the conversation with the 10 physician. 11 Q. Okay. Did you do any independent 12 research on that? 13 A. No. 14 Q. Okay. 15 A. Not that I remember. 16 Q. Did you consult one physician or 17 multiple physicians? 18 A. We talked to multiple physicians at 19 Riley. 20 Q. Okay. Let's move on over to 21 Paragraph 12. This is page ID -- it's in your 22 declaration, Exhibit Number 3, page ID 264. 23 Here you say the positive changes in M.W. 24 Talk to me a little bit about the 25 positive changes that you've seen after</p>

<p style="text-align: right;">Page 65</p> <p>1 testosterone.</p> <p>2 A. Yes, I would love to.</p> <p>3 So I mean, he's a different kid.</p> <p>4 His mood is much greater, and it's sustained.</p> <p>5 It's not like, you know, I got the thing that</p> <p>6 I wanted, and then it goes away. His mood is</p> <p>7 greatly improved over the testosterone -- or</p> <p>8 since he's been taking the testosterone. And,</p> <p>9 you know, we see -- he's far more talkative.</p> <p>10 He spends more time with us. He's not</p> <p>11 isolated himself in his room. His friends --</p> <p>12 his friend group has expanded. He -- his</p> <p>13 grades have gone up. So you know,</p> <p>14 everything -- those are a lot of the positive</p> <p>15 changes that I can think of offhand.</p> <p>16 Q. Is there anything in your mind that</p> <p>17 makes these changes more profound than any</p> <p>18 other changes?</p> <p>19 Just looking at the wording in</p> <p>20 page 12, as opposed to present changes?</p> <p>21 A. So, profound?</p> <p>22 I mean, I just went over a lot of</p> <p>23 them. I mean, he's funnier, does that help?</p> <p>24 I mean, his sense of humor is</p> <p>25 better. His, you know, his communication with</p>	<p style="text-align: right;">Page 67</p> <p>1 MR. FALK: Just -- I'm going to</p> <p>2 object, if you can define "beginning,"</p> <p>3 since beginning is zero.</p> <p>4 MR. LANE: Thank you, Ken. I'll</p> <p>5 clarify.</p> <p>6 BY MR. LANE:</p> <p>7 Q. So starting back to the period of</p> <p>8 time before M.W. received the chest binder,</p> <p>9 describe for me up until the point the chest</p> <p>10 binder was received and started to be used,</p> <p>11 how was M.W.'s attitude?</p> <p>12 A. You know, like I said, it was a lot</p> <p>13 of depression, a lot of dark days, a lot of</p> <p>14 isolation. You know, the binder is one of</p> <p>15 many steps that we've taken to align more with</p> <p>16 that gender identity, and the binder is just</p> <p>17 one part of that. And each time we hit one of</p> <p>18 those milestones, that attitude improves.</p> <p>19 Q. Okay. So when you were -- did you</p> <p>20 research the binder?</p> <p>21 A. Yes.</p> <p>22 Q. Was that something that you</p> <p>23 consulted anybody about, or was it something</p> <p>24 that you just decided on your own to do, to</p> <p>25 provide?</p>
<p style="text-align: right;">Page 66</p> <p>1 us, he talks to us, you know, about a lot of</p> <p>2 things going on in his life.</p> <p>3 Q. And you attribute that to the</p> <p>4 testosterone?</p> <p>5 A. To -- yes.</p> <p>6 Q. Why?</p> <p>7 A. Because aligning with his gender</p> <p>8 identity, becoming more aligned with that, has</p> <p>9 decreased the amount of anxiety and</p> <p>10 depression, up until recently. So, you know,</p> <p>11 he's -- he feels more himself. He doesn't</p> <p>12 have that contradiction that his -- as defined</p> <p>13 by gender dysphoria.</p> <p>14 Q. Okay. When you say "as defined by</p> <p>15 gender dysphoria," walk me through how you</p> <p>16 understand that, as you say, "contradiction."</p> <p>17 A. Because gender dysphoria is a</p> <p>18 contradiction of the gender that you are</p> <p>19 assigned at birth and the gender you identify</p> <p>20 with.</p> <p>21 Q. So you said in Paragraph 14 down</p> <p>22 here way at the bottom, right, "the attitude</p> <p>23 has changed for the better." Describe for me</p> <p>24 M.W.'s attitude before the chest binder.</p> <p>25 Start way back at the beginning.</p>	<p style="text-align: right;">Page 68</p> <p>1 A. We did some research on our own,</p> <p>2 where to purchase, how to wear it, how long to</p> <p>3 wear it, those types of things.</p> <p>4 That discussion has also been had</p> <p>5 with the physicians at Riley where they've</p> <p>6 reinforced with him, you know, how long he</p> <p>7 should wear it, when he should not wear it,</p> <p>8 those types of things.</p> <p>9 Q. And so then, after the chest</p> <p>10 binder, how was M.W.'s attitude?</p> <p>11 A. It was improved. You know, again,</p> <p>12 he feels more aligned with the gender he</p> <p>13 identifies with.</p> <p>14 Q. Right. When you say the attitude</p> <p>15 was improved, what specific signs did you</p> <p>16 observe in M.W. that indicates that it had</p> <p>17 been improved?</p> <p>18 A. You know, a lightening of the</p> <p>19 depression, being a little bit more talkative,</p> <p>20 those types of things.</p> <p>21 Q. Okay. And so then there was a</p> <p>22 period of time, as I understand it, just in a</p> <p>23 matter of a timeline, where M.W. then received</p> <p>24 norethindrone; is that correct?</p> <p>25 A. Yes.</p>

<p style="text-align: right;">Page 69</p> <p>1 Q. So first we have the chest binder,</p> <p>2 and then we have norethindrone, correct?</p> <p>3 A. Uh-huh.</p> <p>4 Q. What was M.W.'s attitude after</p> <p>5 norethindrone had started?</p> <p>6 A. Well, when first prescribed, his</p> <p>7 attitude was better. Again, he's making</p> <p>8 strides, you know, milestones along the way to</p> <p>9 more align with that gender identity. It</p> <p>10 was -- he was disappointed when it made him</p> <p>11 not feel so great and he had to stop taking</p> <p>12 it.</p> <p>13 But yeah, initially, it improved</p> <p>14 his mood. But, you know -- but he also knows</p> <p>15 that this is one of many steps along the way.</p> <p>16 Q. Okay. And then after</p> <p>17 norethindrone, this is when testosterone was</p> <p>18 started after some consultation; is that</p> <p>19 correct?</p> <p>20 A. That is correct.</p> <p>21 Q. Okay. And tell me a little bit in</p> <p>22 general terms -- and you may have already</p> <p>23 discussed some of this, but in terms of what</p> <p>24 the attitude has been since testosterone and</p> <p>25 how that compares back to what you noticed</p>	<p style="text-align: right;">Page 71</p> <p>1 more interested in doing other things,</p> <p>2 especially things outside of the house, eating</p> <p>3 dinner with us and not asking to always eat</p> <p>4 dinner in his room. You know, the isolation</p> <p>5 was gone -- well, not gone, but I mean, no</p> <p>6 more or less isolation than you could expect</p> <p>7 any 15-year-old to have.</p> <p>8 Q. Were there any alternative ways</p> <p>9 discussed with you to administer testosterone</p> <p>10 to M.W.?</p> <p>11 A. Yes.</p> <p>12 Q. Tell me about those.</p> <p>13 A. When we agreed to do the</p> <p>14 testosterone, they explained all the different</p> <p>15 routes. The injections, the gels, the</p> <p>16 patches, all those types of things.</p> <p>17 Q. Has M.W. ever been prescribed a gel</p> <p>18 patch?</p> <p>19 A. He currently takes gel, the gel</p> <p>20 that he rubs on his arm.</p> <p>21 Q. Okay.</p> <p>22 A. He no longer does the injections.</p> <p>23 Q. Was there a reason why M.W. was</p> <p>24 started on gel as opposed to injections for</p> <p>25 testosterone?</p>
<p style="text-align: right;">Page 70</p> <p>1 before.</p> <p>2 A. Yeah. Testosterone was probably</p> <p>3 the best -- the biggest improvement that we've</p> <p>4 seen in him once he started taking that.</p> <p>5 You know, it's -- when we initially</p> <p>6 agreed to it, you know, he was very happy.</p> <p>7 But, you know, that subsided pretty quickly</p> <p>8 when he realized he had to inject it into</p> <p>9 himself. And this is not a kid who enjoys a</p> <p>10 paper cut, let alone needles. But, you know,</p> <p>11 he was -- we met with the -- we went back to</p> <p>12 the Riley Clinic a couple weeks later where</p> <p>13 they gave him all the instructions.</p> <p>14 In fact, I thought I was going to</p> <p>15 have to do it for a while. But, you know, he</p> <p>16 started doing the injections right there on</p> <p>17 the spot himself. And other than the</p> <p>18 injections, which he did not care for, didn't</p> <p>19 like at all, but the effects from it really</p> <p>20 greatly improved his mood, improved the</p> <p>21 depression, he felt -- like I said, he was</p> <p>22 like -- he was a very different kid. The</p> <p>23 conversations increased.</p> <p>24 That's when we saw the friends</p> <p>25 group increase, the grades went up. He was</p>	<p style="text-align: right;">Page 72</p> <p>1 A. Yeah. The injections, although</p> <p>2 they were effective, they also left painful</p> <p>3 welts in his side at the injection spots.</p> <p>4 Q. Were there any other side effects?</p> <p>5 A. No.</p> <p>6 Q. Let's move over now -- we're going</p> <p>7 to look at Paragraph 17 of your declaration.</p> <p>8 It's marked at the top right-hand corner page</p> <p>9 ID Number 265.</p> <p>10 Do you see that?</p> <p>11 A. Yes.</p> <p>12 Q. And here in Paragraph 17 you say,</p> <p>13 and I quote: "The hormones are a medical</p> <p>14 necessity."</p> <p>15 Do you see that?</p> <p>16 A. Yes.</p> <p>17 Q. What do you mean by "medical</p> <p>18 necessity"?</p> <p>19 A. Well, the -- as I described</p> <p>20 earlier, the depression/anxiety were pretty</p> <p>21 bad before. It has -- the testosterone has</p> <p>22 greatly improved that, as I've already talked</p> <p>23 about. I think that, you know, I think</p> <p>24 removing the testosterone from him would be</p> <p>25 the equivalent of removing insulin from a</p>

<p style="text-align: right;">Page 73</p> <p>1 diabetic.</p> <p>2 Can he survive off of it?</p> <p>3 Possibly, yes. Physically? Yes. But</p> <p>4 removing this from him would be devastating to</p> <p>5 him mentally.</p> <p>6 Q. Walk me through what you mean when</p> <p>7 you say "devastating to him mentally."</p> <p>8 What would happen?</p> <p>9 A. What would happen?</p> <p>10 Q. What do you think would happen?</p> <p>11 A. Yes. I think -- I mean, I think</p> <p>12 the depression would be larger than it ever</p> <p>13 has been. I mean, he's finally feeling good</p> <p>14 about himself, feeling good about his body and</p> <p>15 how it aligns, you know, with his, you know,</p> <p>16 gender dysphoria. He's becoming less</p> <p>17 dysphoric on it.</p> <p>18 Removing that, that dysphoria would</p> <p>19 come back probably, you know -- it would be a</p> <p>20 worse outcome because he knows that there's a</p> <p>21 possibility for him to live more</p> <p>22 authentically, and that's being removed from</p> <p>23 him.</p> <p>24 And without there being any side</p> <p>25 effects of the medication, of the</p>	<p style="text-align: right;">Page 75</p> <p>1 have access to that, and he knows that.</p> <p>2 Q. Okay. So switching gears a little</p> <p>3 bit again, does M.W. ever use E-cigarettes?</p> <p>4 A. No.</p> <p>5 Q. Has M.W. ever vaped?</p> <p>6 A. No.</p> <p>7 Q. Has M.W. ever used nicotine?</p> <p>8 A. No.</p> <p>9 MR. LANE: Let's take one more</p> <p>10 break at this point. Let's do a</p> <p>11 ten-minute break. And we'll go off the</p> <p>12 record.</p> <p>13 (A recess was taken between</p> <p>14 10:51 a.m. and 11:07 a.m.)</p> <p>15 BY MR. LANE:</p> <p>16 Q. Mr. Welch, I want to go back into</p> <p>17 some of our Paragraph 10 discussion in your</p> <p>18 declaration. If you'll take a look back with</p> <p>19 me there, you see the mental health therapy.</p> <p>20 We're going to talk about this just a little</p> <p>21 more.</p> <p>22 You had mentioned that M.W. had</p> <p>23 brought home some worksheets, and we talked a</p> <p>24 little bit about those. Can you tell me a</p> <p>25 little bit more about what those worksheets --</p>
<p style="text-align: right;">Page 74</p> <p>1 testosterone, why is this being removed from</p> <p>2 me, why am I not having access to this thing</p> <p>3 that makes me feel more like myself when</p> <p>4 there's no side effects.</p> <p>5 Q. Okay. And when you say "not having</p> <p>6 access to," let's talk a little about -- are</p> <p>7 you talking about SEA 480, the law at issue in</p> <p>8 this case?</p> <p>9 A. Yes.</p> <p>10 Q. Let's revisit some of the</p> <p>11 conversations that you've had with M.W. with</p> <p>12 respect to SEA 480. What is the basis for --</p> <p>13 what -- strike that.</p> <p>14 What are those conversations in</p> <p>15 terms of what's going to be prohibited versus</p> <p>16 not going to be prohibited?</p> <p>17 What did those conversations look</p> <p>18 like with M.W.?</p> <p>19 A. Well, I mean, we've had the</p> <p>20 conversation with him, exactly what the law</p> <p>21 means, that, you know, that the law takes</p> <p>22 effect July 1st. But he would be allowed to</p> <p>23 take testosterone until December 31st.</p> <p>24 But his -- you know, he would have</p> <p>25 at least a year in Indiana where he would not</p>	<p style="text-align: right;">Page 76</p> <p>1 what you observed in those?</p> <p>2 A. I did not take a look at them.</p> <p>3 Q. Okay. The therapist that M.W. is</p> <p>4 seeing now, you said, was recommended by</p> <p>5 Riley; is that correct?</p> <p>6 A. I believe they were on a list of</p> <p>7 people that Riley had suggested because they</p> <p>8 are LGBTQ+ friendly.</p> <p>9 Q. All right. And since M.W. has had</p> <p>10 a gender dysphoria diagnosis, have you sought</p> <p>11 any parental support groups or any assistance</p> <p>12 like that?</p> <p>13 A. Yes. So we've attended one support</p> <p>14 group as a couple, and then there's actually</p> <p>15 one where I work that I've attended.</p> <p>16 Q. You said you work. Do you</p> <p>17 volunteer for that group?</p> <p>18 A. It's just a parent support group at</p> <p>19 Eli Lilly and Company.</p> <p>20 MR. FALK: I'm sorry, he said where</p> <p>21 he works.</p> <p>22 THE WITNESS: Yes, where I work.</p> <p>23 MR. LANE: My apologies, thank you.</p> <p>24 Okay.</p> <p>25</p>

<p style="text-align: right;">Page 77</p> <p>1 BY MR. LANE:</p> <p>2 Q. What do you cover in those parental</p> <p>3 support groups?</p> <p>4 A. You know, things that are bothering</p> <p>5 people, ways to deal with unkind people,</p> <p>6 unkind relatives, those kinds of things. How</p> <p>7 to deal with the stress of raising transgender</p> <p>8 children in particular.</p> <p>9 Q. What are some of the ways to deal</p> <p>10 with unkind relatives discussed in these</p> <p>11 groups?</p> <p>12 A. You know, just, it varies by</p> <p>13 opinion. Some people are, you know, talk to</p> <p>14 them about it, ask for their support. Others</p> <p>15 are -- cut them off completely. I mean,</p> <p>16 everyone has an opinion. I mean, it's a</p> <p>17 support group, so people are just giving their</p> <p>18 opinions. And they vary greatly.</p> <p>19 Q. Have you found the groups helpful?</p> <p>20 A. Helpful as far as, like, you know,</p> <p>21 strength in numbers type of helpful. Helpful</p> <p>22 in the sense that, you know, I think as a</p> <p>23 parent of a trans child, one of the things</p> <p>24 that, you know, I feel like we and others do</p> <p>25 is, you tend to isolate yourself, even from</p>	<p style="text-align: right;">Page 79</p> <p>1 know, the age that he is, we haven't really</p> <p>2 had a lot of discussions about it. We've had</p> <p>3 some discussions of top surgery. They have</p> <p>4 made it very clear to us that those do not</p> <p>5 occur until after the age of 18. But we have</p> <p>6 talked about that. We have not even discussed</p> <p>7 any other surgeries.</p> <p>8 Q. Okay. What is the reason top</p> <p>9 surgery isn't available until after 18?</p> <p>10 Did they communicate any of that to</p> <p>11 you?</p> <p>12 A. Why it's not available until</p> <p>13 they're 18?</p> <p>14 Q. Yes.</p> <p>15 A. You know, it's just waiting,</p> <p>16 probably. You know, people are still growing</p> <p>17 up until 18. So, you know, it's just -- I</p> <p>18 know that they can occur, but they don't in</p> <p>19 Indiana very often, from what I understand.</p> <p>20 Q. So tell me a little bit about what</p> <p>21 a top surgery is, in your understanding.</p> <p>22 A. It's a surgery for those</p> <p>23 transitioning from female to male to remove,</p> <p>24 you know, a fair amount of breast material</p> <p>25 from the chest, to basically remove to make it</p>
<p style="text-align: right;">Page 78</p> <p>1 the people that are supporting you. It's --</p> <p>2 you almost want to protect, like, you know,</p> <p>3 you get very involved in what's happening. So</p> <p>4 it's nice to know that, you know, there are</p> <p>5 other parents out there that are dealing with</p> <p>6 the same stuff.</p> <p>7 Q. And besides those groups, do you</p> <p>8 have any plans to join any other groups along</p> <p>9 these lines; parental support groups, that is?</p> <p>10 A. Not at this time.</p> <p>11 Q. Let's flip back to some of our</p> <p>12 discussions about the medical consultations</p> <p>13 and things like that, if you will.</p> <p>14 A. Uh-huh.</p> <p>15 Q. Are you familiar with gender</p> <p>16 transition surgeries?</p> <p>17 A. Yes.</p> <p>18 Q. Tell me, how so?</p> <p>19 A. Just from a little bit of research</p> <p>20 on my own, but with the discussions with the</p> <p>21 physicians at Riley Hospital.</p> <p>22 Q. What did those discussions involve?</p> <p>23 What did the physicians generally</p> <p>24 tell you?</p> <p>25 A. You know, with M.W. being, you</p>	<p style="text-align: right;">Page 80</p> <p>1 look more like a man.</p> <p>2 Q. Are you considering any surgeries</p> <p>3 at this time for M.W.?</p> <p>4 A. We were considering top surgery,</p> <p>5 but we're not even having those -- I mean,</p> <p>6 we're not having that discussion because he's</p> <p>7 not old enough yet. I mean, we're having the</p> <p>8 discussions, but we don't plan on, you know --</p> <p>9 we'll go through the consultations and stuff,</p> <p>10 but there's no surgery until after he's 18.</p> <p>11 Q. When you say, "you're having those</p> <p>12 discussions," do you mean having discussions</p> <p>13 with M.W. or with the physicians?</p> <p>14 A. Both.</p> <p>15 Q. Okay. Let's start with M.W.</p> <p>16 What do those discussions look like</p> <p>17 with M.W. at this time?</p> <p>18 A. He's very interested in getting top</p> <p>19 surgery. Would actually -- would like to have</p> <p>20 it sooner rather than later. But we've had</p> <p>21 the discussion with him that, you know, that's</p> <p>22 just not going to be possible, that it's going</p> <p>23 to have to be until -- wait until he is after</p> <p>24 18.</p> <p>25 But we have talked with the</p>

<p style="text-align: right;">Page 81</p> <p>1 physicians at Riley about it. He knows that. 2 And that we are going to start at a reasonable 3 time, probably after he's 17 -- well, 4 definitely after he's 17, we can do 5 conversations and consultations with the 6 doctors who could perform the surgery, but he 7 would not be able to, you know, have that 8 surgery until he's -- after he's 18. 9 Q. If, at the age of 18, the majority 10 requirement were not in place, would you be 11 comfortable proceeding with a top surgery for 12 M.W. at this time? 13 A. I would have to talk to the 14 physicians about that. 15 Q. Without talking to the physicians, 16 would you be comfortable? 17 MR. FALK: Objection, asked and 18 answered. And truly speculative, given 19 that there's no one doing these 20 surgeries before 18. 21 MR. LANE: Okay. We'll move on, 22 then. 23 BY MR. LANE: 24 Q. Were any of the risks of any 25 surgeries communicated to you?</p>	<p style="text-align: right;">Page 83</p> <p>1 Q. So what I have in mind are 2 different psychotherapies, certain other 3 activities maybe somebody might engage in, but 4 specifically mental health counseling with 5 respect to gender dysphoria? 6 A. No, we have not -- are you asking 7 if we're interested in those, or that we know 8 about them, or? 9 I'm sorry, I forget the question. 10 Q. No. So I'm asking whether you're 11 aware, so whether you know about any 12 alternative treatments to the testosterone 13 that M.W. is currently receiving in order to 14 treat gender dysphoria? 15 A. No, I mean as far as -- we're doing 16 everything that we've talked to the physicians 17 about. 18 Q. Okay. And do you feel concerned 19 now about any of the risks? 20 A. No. 21 Q. Why not? 22 A. Well, because with the risks for 23 testosterone, one is, you know, just from our 24 conversations, has been low. But he's not 25 having any side effects whatsoever. The only</p>
<p style="text-align: right;">Page 82</p> <p>1 A. No, not at this time, because we're 2 not close enough to that point to talk about 3 those risks. I mean, I'm fairly familiar with 4 what the risks of any surgery are. So, you 5 know, I would definitely assume those risks 6 are at hand. But we haven't gotten into it 7 because we haven't had those consultations 8 yet. 9 Q. You say you're fairly familiar with 10 these risks. 11 Talk me through the risks with 12 which you are fairly familiar. 13 A. Well, the risks of going under 14 anesthesia, the risk of infection with any 15 surgery, those types of things. 16 Q. Okay. Has M.W. received any 17 additional counsel with respect to surgery at 18 all, or none besides this? 19 A. No. Just the conversations we've 20 had with multiple physicians at Riley. 21 Q. Are you aware of any alternative 22 treatments, besides that ones that we've 23 discussed, to help M.W.'s gender dysphoria? 24 A. Can you define "alternate 25 treatments"?</p>	<p style="text-align: right;">Page 84</p> <p>1 effects he's having are the ones that we 2 anticipated and are trying to achieve. 3 Q. And what made you think those 4 benefits outweighed the risks? 5 A. The improved mood that I talked 6 about prior to this, the -- and it's not -- I 7 mean, the improved mood, him being just more 8 his authentic self and, you know, you can see 9 that, the difference between when -- before he 10 was taking it and after. 11 Q. Right. And I know a lot of those 12 are very narrow specific questions. 13 But in terms of, when you say "his 14 more authentic self," to use your words, talk 15 me through a little bit about what that means. 16 When you say that, what are you 17 talking about in particular? 18 A. Well, he's not -- you know, he's 19 not currently -- when he's being his more 20 authentic self, I mean, he's not being -- 21 experiencing the depressed mood, the 22 isolation, those types of things. 23 And he is more -- he's more 24 talkative, he's more funny. His art -- I 25 mean, he's a very prolific artist and his art</p>

<p style="text-align: right;">Page 85</p> <p>1 has really increased. You know, he did a lot 2 of digital art, he's included photography into 3 that now, and now he's mixing the two of those 4 together and have lots of conversations about 5 that. He's willing to do things outside of 6 the house more often.</p> <p>7 You know, his -- you know, the 8 conversations we hear him having with his 9 friends when his friends are over or we're in 10 the car together or whatever, they're just -- 11 you know, there's just a sound in his voice 12 that is -- you can -- it's the same sound that 13 he had as a child before, you know, a lot of 14 this started coming to light. He's one of my 15 favorite people.</p> <p>16 MR. LANE: Let's do one more 17 15-minute break and then we're going to 18 tidy up anything at the end and it will 19 just be a few more questions after that 20 and I'll turn it over to your lawyer. 21 So thank you so much. We'll be right 22 back.</p> <p>23 (A recess was taken between 24 11:18 a.m. and 11:34 a.m.) 25</p>	<p style="text-align: right;">Page 87</p> <p>1 strike.</p> <p>2 Were there any other sexual 3 orientations besides bisexuality and 4 pansexuality?</p> <p>5 A. No, not that I remember.</p> <p>6 Q. So you'd mentioned earlier in the 7 deposition, kind of having a transgender child 8 and how that might differ in terms of 9 sometimes the parenting between having 10 somebody that's not a transgender child as 11 your child.</p> <p>12 How has having a transgender child 13 affected your parenting style?</p> <p>14 A. Not necessarily my parenting style. 15 I don't think that's changed at all. But what 16 we -- well, one, what we can expect as his 17 future has changed, right? But also parents 18 of transgender children have -- there's just a 19 different set of things that we have to be 20 mindful of, right?</p> <p>21 So, you know, when you have a trans 22 child, one, you're always concerned for their 23 safety. There's plenty of, I think, news 24 outlets and media and research that shows that 25 transgender people are often more susceptible</p>
<p style="text-align: right;">Page 86</p> <p>1 BY MR. LANE:</p> <p>2 Q. All right. Mr. Welch, just a few 3 more final questions for you.</p> <p>4 Was there any point in time that 5 M.W. identified as bisexual?</p> <p>6 A. Yes.</p> <p>7 Q. Tell me about that.</p> <p>8 A. That was when he initially came out 9 to us. I think he was around 12 years old. 10 He had left a note for his mother and I 11 explaining that he was bisexual.</p> <p>12 Q. Okay. And do you understand 13 bisexuality to be a sexual orientation or 14 gender identity?</p> <p>15 A. It's sexual orientation. I think 16 at the time, I think, you know, he -- he was 17 trying to figure out what was going on. He 18 didn't have the language. He didn't have the 19 words to understand exactly what was going on.</p> <p>20 I mean, we had a journey through -- 21 first it was bisexual and then pansexual. But 22 I think after a while, he came to understand 23 that what he was actually feeling was being 24 transgender.</p> <p>25 Q. Okay. Can somebody be -- well,</p>	<p style="text-align: right;">Page 88</p> <p>1 to acts of violence.</p> <p>2 But also, you know, having a trans 3 child and how people will react to that, 4 having a trans child and going anywhere and, 5 you know, making sure that they have access to 6 bathrooms, making sure that, you know, they're 7 going to be treated well.</p> <p>8 So there is a larger -- I don't 9 want to say larger, but there's a lot of 10 stress involved with being the parent of a 11 trans child.</p> <p>12 Q. When you say "acts of violence," 13 what do you mean specifically?</p> <p>14 A. Anywhere from bullying to murder.</p> <p>15 Q. Do you have any examples of murder?</p> <p>16 A. There's been several mass shootings 17 at LGBTQ+ organizations and, you know, there's 18 been media news of transgender people being 19 murdered, yes.</p> <p>20 Q. Do you consult anything else 21 besides news on these issues specifically?</p> <p>22 A. You know, just news, but, you know, 23 there's been some research -- like reading 24 stuff online on research on, you know, the 25 amount of -- sometimes, you know, that these</p>

<p style="text-align: right;">Page 89</p> <p>1 things happen. Yeah.</p> <p>2 Q. Of course. So when you say</p> <p>3 bathroom access is one of your concerns in</p> <p>4 terms of expectations that might have changed,</p> <p>5 talk me through that a little bit.</p> <p>6 Are you talking about laws that</p> <p>7 prohibit, kind of like North Carolina's House</p> <p>8 Bill 2, if you are familiar with that, that</p> <p>9 would prevent somebody from using the bathroom</p> <p>10 that was not their natal or assigned-at-birth</p> <p>11 sex, is that what you're talking about?</p> <p>12 Walk me through some of what you're</p> <p>13 thinking of there.</p> <p>14 A. Well, just how people would react.</p> <p>15 So I mean, M.W. has, you know, facial hair.</p> <p>16 He looks a lot more like a male than a female,</p> <p>17 but, you know, he has relatively long hair,</p> <p>18 no -- actually shorter than some boys I see</p> <p>19 nowadays, but you don't know how people are</p> <p>20 going to react if he goes into the boys' room</p> <p>21 or how someone would react if he goes into the</p> <p>22 girls' room.</p> <p>23 So it's just a heightened</p> <p>24 hypervigilance of how people are reacting to</p> <p>25 him with the bathroom, but with a lot of</p>	<p style="text-align: right;">Page 91</p> <p>1 had on the way home.</p> <p>2 But, you know, a lot of times, you</p> <p>3 know, it depends on where we're at and what</p> <p>4 we're doing. If we're in a large social</p> <p>5 setting, you know, we'll ask him if he needs</p> <p>6 to go.</p> <p>7 A lot of times it's the last thing</p> <p>8 he does before he leaves the house because</p> <p>9 he's aware of the situation, obviously. But</p> <p>10 if he -- you know, if he really needs to go to</p> <p>11 the bathroom and he lets us know that, then a</p> <p>12 lot of times we're looking for either unisex</p> <p>13 bathrooms or parental bathrooms.</p> <p>14 Q. So notwithstanding the</p> <p>15 conversations that M.W. has had with</p> <p>16 counselors and with others and with you when</p> <p>17 you're with M.W., what do you tell M.W. about</p> <p>18 the way people might react, how M.W. should</p> <p>19 deal with that situation?</p> <p>20 Do you have conversations about</p> <p>21 that reaction in particular?</p> <p>22 A. Sure.</p> <p>23 Q. What do those look like?</p> <p>24 A. Yeah, absolutely. So I mean, well,</p> <p>25 he's pretty good at handling a lot of this on</p>
<p style="text-align: right;">Page 90</p> <p>1 things.</p> <p>2 Q. Do you have conversations with M.W.</p> <p>3 about those situations, about bathrooms and</p> <p>4 things like that?</p> <p>5 A. We've had conversations about his</p> <p>6 access to bathroom at school and anyplace else</p> <p>7 that he would go regularly. But, you know, we</p> <p>8 had -- we've had -- we had bathroom</p> <p>9 conversations when he was previously at North</p> <p>10 Central High School.</p> <p>11 He's actually come home throughout</p> <p>12 junior high, and I think once in high school,</p> <p>13 where he's had accidents on the way home</p> <p>14 because he refused to use the bathroom because</p> <p>15 he wasn't sure how people would react to him.</p> <p>16 Q. Okay. And what do you tell M.W. in</p> <p>17 those situations about bathrooms and how to</p> <p>18 approach those scenarios?</p> <p>19 A. Well, more recently with him going</p> <p>20 to Herron High School, you know, he's had</p> <p>21 conversations with guidance counselors about</p> <p>22 where he can go to the bathroom.</p> <p>23 I think he eventually had that same</p> <p>24 conversation at North Central, probably -- I</p> <p>25 think it was right after the accident that he</p>	<p style="text-align: right;">Page 92</p> <p>1 his own. He has not had a lot of problems</p> <p>2 with that, even at North Central. But there's</p> <p>3 always some.</p> <p>4 He's even had one incident at -- at</p> <p>5 his new high school. But he tends to handle</p> <p>6 those on his own. But we've talked about it</p> <p>7 and, you know, just, you know, making sure</p> <p>8 that he stands his ground.</p> <p>9 You know, he explains to them that</p> <p>10 he's a boy because oftentimes he is called</p> <p>11 names. He tells them it's not appropriate.</p> <p>12 He doesn't want to be called that. You know,</p> <p>13 and if it persists, he has been -- you know,</p> <p>14 he has informed adults or teachers or those</p> <p>15 types of things, you know, in handling</p> <p>16 himself.</p> <p>17 A lot of times he's -- I don't --</p> <p>18 you know, I don't think he's ever asked us to</p> <p>19 handle one of those for him.</p> <p>20 Q. You mentioned an incident. Tell me</p> <p>21 about that incident.</p> <p>22 A. The more recent one, there was a</p> <p>23 boy in his class that insisted on misgendering</p> <p>24 him and calling him a girl and saying a lot of</p> <p>25 things like that.</p>

Page 93

1 He had a conversation -- multiple
2 conversations with him, asked him to stop, you
3 know, corrected him, you know, and he -- I
4 mean, the boy persisted for a while.
5 M.W. continued to, like, tell him
6 to stop it. And then a lot of the other --
7 his classmates actually also informed the
8 bully, if you will, to stop. And a lot of --
9 for most -- I think it's all completely
10 resolved.
11 Q. Okay. Were any adults consulted in
12 that situation, or was it just the children
13 that --
14 A. I don't think so.
15 Q. Okay. Has M.W. ever had any issues
16 with others criticizing M.W.'s use of
17 restrooms, specifically male restrooms as
18 opposed to female restrooms as traditionally
19 understood?
20 A. No.
21 Q. Did you understand each question I
22 asked you today?
23 A. I did.
24 Q. Do you need to correct any of your
25 answers?

Page 94

1 A. Not that I'm aware of right now.
2 Q. Did you leave anything out?
3 MR. FALK: Objection. I don't know
4 what -- I don't know how you could
5 possibly answer whether he left anything
6 out. The question is, did he answer
7 your questions to the best of his
8 ability. So I'll object.
9 BY MR. LANE:
10 Q. Did you answer all the questions to
11 the best of your ability, sir?
12 A. I did.
13 Q. All right.
14 MR. LANE: Thank you. The state
15 has no further questions. It's all
16 yours, Ken.
17 MR. FALK: I just have one.
18 EXAMINATION
19 BY MR. FALK:
20 Q. Early in the deposition, I believe
21 you were asked about -- and I don't remember
22 if you asked whether you and your wife or M.W.
23 or maybe all of you received any sort of
24 testing from Riley. Do you remember those
25 questions?

Page 95

1 A. Yes, I do.
2 Q. And do you remember filling out
3 questionnaires, you, your wife, and M.W.
4 before your first visit?
5 A. Yes. That was part of -- it was
6 something we needed to do before the -- before
7 we had the first appointment. Each one of us
8 had to fill out a pretty lengthy
9 questionnaire. So I filled out one
10 individually, my wife filled out one, and then
11 M.W. filled out a lot.
12 MR. FALK: I have no further
13 questions.
14 MR. LANE: I'll follow up on that.
15 FURTHER EXAMINATION
16 BY MR. LANE:
17 Q. What were some of those questions
18 on those questionnaires that you answered?
19 A. If M.W., you know, what toys he
20 played with. I'm trying to remember because
21 it was -- it was two years ago. I mean, a lot
22 about his preferences as far as, like, dress,
23 how he liked to wear his hair, the types of
24 things he enjoyed doing. Those are the main
25 things that I remember. It was -- it was

Page 96

1 several pages long, so I'm sorry, I don't
2 remember anything really past that.
3 MR. LANE: Okay. No further
4 questions. Thank you, Mr. Welch, for
5 your time.
6 THE WITNESS: Thank you.
7 MR. FALK: I have nothing, and
8 we'll take signature.
9 (Time noted: 11:45 a.m.)
10
11 FURTHER THE DEPONENT SAITH NOT.
12
13 (Signature requested.)
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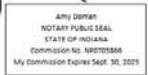
Page 97

1 UNITED STATES DISTRICT COURT
2 SOUTHERN DISTRICT OF INDIANA
3 INDIANAPOLIS DIVISION
4 CAUSE NO. 1:23-cv-00595-JPH-KMB
5 K.C., et al.,)
6 Plaintiffs,)
7 -v-)
8 THE INDIVIDUAL MEMBERS OF)
9 THE MEDICAL LICENSING BOARD)
10 OF INDIANA, in their)
11 official capacities, et)
12 al.,)
13 Defendants.
14 JOB NUMBER: 181678
15 I, RYAN WELCH, state that I have read the
16 foregoing transcript of the testimony give by
17 me at my deposition on May 24, 2023, and that
18 said transcript constitutes a true and correct
19 record of the testimony given by me at said
20 deposition except as I have so indicated on
21 the errata sheets provided herein.
22 _____
23 RYAN WELCH
24 STEWART RICHARDSON & ASSOCIATES
25 Registered Professional Reporters
(800)869-0873

Page 98

1 CERTIFICATE OF CERTIFIED MACHINE STENOGRAPHER
2 I, Amy Doman, Registered Merit Reporter,
3 Certified Realtime Reporter, Certified
4 Shorthand Reporter in the states of
5 California, Texas, Illinois, and Washington,
6 and Notary Public in and for the County of
7 Hamilton, State of Indiana, do hereby certify
8 that RYAN WELCH, the deponent herein, was by
9 me first duly sworn to tell the truth in the
10 aforementioned matter;
11 That the foregoing deposition was taken on
12 behalf of the Defendants, on Wednesday,
13 May 24, 2023, pursuant to the Federal Rules of
14 Civil Procedure;
15 That said deposition was taken down by me,
16 a certified machine stenographer, in
17 stenographic notes translated in realtime to
18 English; the final transcript prepared and
19 certified by me as a true and accurate record
20 of all proceedings held on the record; that
21 the opportunity to review and sign was
22 requested; that counsel and all in attendance,
23 both in person and remotely, have been noted
24 on the appearance page.
25 I do further certify that I am a

Page 99

1 disinterested person in this cause of action;
2 that I am not a relative or attorney of either
3 party or otherwise interested in the event of
4 this action, financial or otherwise; that I am
5 not in the employ of the attorneys for any
6 party; that I, as an independent contractor,
7 have not accepted nor been advised of any
8 discounted rates offered to any party in this
9 action for my stenographic services;
10 In witness whereof, I have hereunto set my
11 hand and affixed my notarial seal on this
12 completed 99-page transcript on this 25th of
13 May, 2023.
14 
15 
16 Amy Doman, RMR, CRR, CSR
17 California CSR Number 14465
18 Texas CSR Number 6203
19 Illinois CSR Number 084004926
20 Washington CSR Number 22031067
21 Notary Public NE0705866
22 My Commission Expires:
23 September 30, 2025
24 Residing in Hamilton County, Indiana
25

Exhibits	20 15:18 19:19	26:7,13,17 28:6 29:25 31:2,13,15 32:22 33:8 34:5,19,22 36:2,20 39:8 40:19 41:11,15,23,24 42:1,6,15,20 43:5,24 44:3 45:20,22 46:14,23 47:1,15,22 48:1 51:11,17 52:3 53:13 54:14 55:3,13,24 56:2,4,10,14 57:5, 9,17 59:17 60:25 61:10,14,16,21,22 63:6,10 64:24 66:1 67:23 71:12 72:23 73:14 74:6,7 75:20,24,25 77:14 78:12 79:2,6,20 81:1,14 82:2 83:8,11,17,19 84:6,15,17 85:4 86:7 89:6,11 90:3,5,17,21 91:17,20 92:6, 21 94:21 95:22
Ryan Welch Ex 01 4:12 8:6,9	20-plus 14:11	absolutely 91:24
Ryan Welch Ex 02 4:13 8:19,20	2021 38:20	accept 63:14
Ryan Welch Ex 03 4:14 9:11,15,21 10:3 27:7 48:4 64:22	263 36:25	access 74:2,6 75:1 88:5 89:3 90:6
Ryan Welch Ex 04 4:15 10:19,20, 21 11:1	264 64:22	accident 90:25
1	265 10:9 72:9	accidents 90:13
1 8:6,9	3	account 12:16
10 58:8,14 75:17	3 9:11,15,21 10:3 27:7,9 48:4 64:22	accurate 10:15
10:10 45:13	31st 74:23	achieve 84:2
10:15 45:10	4	ACLU 13:4,18,20
10:18 45:13	4 10:20,21 11:1 34:25	Act 9:8,23 11:2,12
10:51 75:14	40 45:6	actions 12:10
11 22:21 27:12	480 9:8,23 11:2,12 74:7,12	activities 83:3
11:07 75:14	5	acts 88:1,12
11:18 85:24	51 14:1 17:6,20	actually 13:4 18:19 39:5 42:3 48:25 50:3 54:12 55:19 59:21 60:3,7 76:14 80:19 86:23 89:18 90:11 93:7
11:34 85:24	7	ADD 45:18 46:4,5,10 50:4
11:45 96:9	7 36:24	additional 82:17
12 22:21 23:11,15 24:2 27:13 64:21 65:20 86:9	8	administer 54:18 71:9
13 25:20	8 48:6	administrators 16:13
14 26:10 35:4 36:2 57:5 66:21	9	adopt 38:10
14th 19:19	9 57:7	adopting 56:10
15 26:10	9:28 5:1	adults 59:11 92:14 93:11
15-minute 85:17	A	advocacy 11:23
15-year-old 71:7	A 45:12 75:13 85:23	affected 87:13
17 72:7,12 81:3,4	a.m. 5:1 45:10,13 75:14 85:24 96:9	affiliated 12:8
18 79:5,9,13,17 80:10,24 81:8,9,20	ability 6:5 94:8,11	after 30:25 39:1 52:25 64:25 68:9 69:4,16,18 79:5,9 80:10,23 81:3,4,8 84:10 85:19 86:22 90:25
1995 14:18	able 37:24 43:1 63:22 81:7	
1998 15:10 18:13	about 11:7,9,15 12:17 13:13,16 15:11 16:2 18:1,12 19:6 20:23 21:6, 18,20 22:2,5,7,8,13 23:3,4,11,15	
1st 74:22		
2		
2 8:19,20 89:8		

again 17:24 42:9 48:4 68:11 69:7 75:3

age 23:15 24:2 25:20 27:12 32:20 36:2 51:20 79:1,5 81:9

ago 18:12 36:20 47:3 60:25 95:21

agreed 5:12 36:3 70:6 71:13

ahead 17:19 18:1 45:8

align 67:15 69:9

aligned 50:25 60:9 66:8 68:12

aligning 66:7

aligns 73:15

all 7:17 8:4,18 9:18 10:4 11:3,6,17 13:22 15:15 20:2 21:3 25:15 34:24 45:4 48:3 53:2 54:25 56:4 70:13,19 71:14,16 76:9 82:18 86:2 87:15 93:9 94:10,13,15,23

allowed 74:22

almost 23:4 33:12 54:10 78:2

alone 40:15 41:20

along 11:24 69:8,15 78:8

already 47:17 50:18 56:19 69:22 72:22

also 16:8 31:22 34:9 39:10 48:8 56:21,22,25 58:7,12 59:18 62:8 68:4 69:14 72:2 87:17 88:2 93:7

alternate 82:24

alternative 51:17 71:8 82:21 83:12

although 44:15 56:9,16 72:1

always 15:19 23:25 32:6,14,23 56:7 63:12 71:3 87:22 92:3

am 74:2

amount 66:9 79:24 88:25

an 5:7 12:6 30:15 32:24 33:4 42:6 53:18 77:16 92:20

and 5:11,18 6:2,4,7,11,16,18,21,23 7:2 8:1,7,15 9:5,12 11:8,10 13:6,12 14:2,7,10,14,17,21 15:16,25 16:4,9 17:8,12,17 18:1,17 19:10,12,15 20:4 21:6 22:17 23:2,4,6,9,12,15,16 24:2, 24 25:5,6 27:6,16,18 28:7,16,20,23, 24 29:22 30:13,18,19,20,23 31:1,2, 23 32:4,9,10,20 33:3,5,9,11,24 34:7, 11,15 35:3,4,6,9,18,23 36:1,3 37:14 38:22 39:4,7 40:13,14,15,17 41:3

42:1,6,7,12,19 43:1,4 44:4 45:8,13 46:3,5,14 47:18,20 48:1,7 51:4,6,14, 23 52:5 53:16 56:2,15 57:5 58:12,19 59:10,15 60:4,6,8,12,13,15 61:1,12, 15 62:25 63:4,10,22,23 65:4,6,8 66:3,9,19 67:10,16,17 68:9,21 69:2, 11,16,21,22,24 70:9,17 71:3 72:12, 13 73:14,22,24 74:5 75:1,11,14,23 76:9,14,19 77:18,24 78:7,13 80:9 81:2,5,17,18 83:18 84:2,3,6,8,10,11, 23,25 85:3,4,17,18,20,24 86:10,12, 21 87:3,8,24 88:3,4,17 90:3,6,12,16, 17 91:3,11,16 92:7,13,24 93:3,6,8 94:21,22 95:2,3,10 96:7

Anderson 14:10

anesthesia 82:14

Anger 11:16

anonymity 5:21

another 49:6

answer 6:4 7:4,13 18:1 20:18 21:7 42:25 94:5,6,10

answered 17:8 81:18 95:18

answers 6:6,16 31:17 93:25

antianxiety 50:4

anticipated 84:2

antidepressants 28:9 44:15,19 50:4

anxiety 18:6,17 28:24 30:20,23 31:24 43:19 44:1,11,14,16,20 58:19, 22 60:4,6,15 61:12 66:9

anxiety/depression 41:14

anxious 27:19,21

any 5:13,19 6:17 7:5,9,12,23 11:21, 23 12:10,13,14 13:18 15:4,21 16:15 17:23 18:7,21 19:3 20:22 21:13 22:4 23:19 24:15,19 25:22 26:1,11,20,24 27:2,10,17,20,24 28:4 30:22 33:20 34:2 35:19 37:20 39:15 41:17,22 42:12 43:14,17,25 44:13 47:15 48:15 51:9,17 52:15 53:21,25 54:16 55:10,17,20 57:6,19 59:23 63:4 64:11 65:17 71:7,8 72:4 73:24 76:11 78:8 79:7,10 80:2 81:24 82:4,14,16, 21 83:11,19,25 86:4 87:2 88:15 93:11,15,24 94:23

anybody 67:23

anymore 25:16 51:8

anyone 13:16 19:10 34:1 38:2 63:3

anyplace 90:6

anything 6:17 7:18 10:14 11:24 12:15 29:2,5 57:21 61:20 65:16 85:18 88:20 94:2,5 96:2

anytime 7:3

anywhere 24:20 39:16 88:4,14

apart 12:11 29:24

apologies 76:23

apologize 21:17

apply 47:12

appointment 40:7,18 41:12,25 42:5,8,17 43:8,10,12 49:1 50:16 54:11 63:8 95:7

appointments 42:13 49:2

apprised 41:21

approach 90:18

appropriate 5:20 92:11

appropriately 43:2

Approximately 63:2

apps 25:4,8,11,13

are 5:19 8:1,12 9:3 10:5 13:25 15:13 16:15 17:2 23:3 25:22 26:8,17 29:23 30:6 32:1 37:20 43:20 44:3,21 45:6 51:13 53:2,6,9 54:15,16 55:18,20 57:13 58:17,20 59:11 62:9 63:22 65:14 66:18 72:13 74:6,14 76:8 77:4,9,13,15,17 78:1,4,5,15 79:16 80:2 81:2 82:4,6,12,21 83:1,6 84:1, 2,12,16 85:9 87:25 89:6,8,19,24 95:24

areas 15:23

arm 71:20

around 8:8 18:13,19 19:8 22:21 25:18,20 27:12 33:2,17,18 58:24 86:9

arrested 15:2

art 84:24,25 85:2

artist 84:25

as 5:3,11 6:6,25 12:11,22 13:13,19 17:24 18:19 23:9,13,16 27:7 33:1,15 34:13,14 35:6,24 41:1 42:10,11 43:5,23 44:16,20 48:5 50:13,20,21

52:11,24 53:10,17 55:21 56:6 57:7
59:18,24 60:7,11 62:18 65:20 66:12,
14,16 68:22 71:24 72:19,22 76:14
77:20,22 83:15 85:13 86:5 87:10,16
93:17,18 95:22

ask 6:1,11,15 7:3,4 29:4 31:10 62:1
77:14 91:5

asked 17:8 31:9 37:12 40:14 41:11
42:10,18,19 48:1 63:7 81:17 92:18
93:2,22 94:21,22

asking 5:11 21:20 30:6 31:6,14,15
71:3 83:6,10

assembly 11:22

assigned 30:17 51:1 66:19

assigned-at-birth 89:10

assistance 76:11

association 16:18

assume 6:8 52:11 82:5

assuming 41:19

at 6:17,24 11:17 12:24 14:9 15:22
16:5,9 17:11,15 18:2,25 20:20 22:20
23:6,16 24:11,24 25:15 26:9 27:9,
18,23 28:8 30:18 32:11,20 33:20
35:4 36:13,14 38:13 39:5,11,12
40:2,7 41:4,24 43:5,7,10,11,15
44:25 45:9 47:10,14,24 48:5,7,8,25
49:1 50:16 52:12,19 53:4 54:1 55:8
56:1,14 57:9,20 61:5 62:22,23 63:3
64:18 65:19 66:19,22,25 68:5 70:19
72:3,7,8 74:7,25 75:10 76:2,18
78:10,21 80:3,17 81:1,2,9,12 82:1,6,
17,20 85:18 86:16 87:15 88:17 90:6,
9,24 91:3,25 92:2,4

attend 24:4 61:18

attended 63:9 76:13,15

Attention 46:7

attitude 66:22,24 67:11,18 68:10,14
69:4,7,24

attorney 5:7

attorneys 7:18 13:15

attracted 20:14,19 21:19 23:5

attraction 20:16

attribute 66:3

authentic 60:9 84:8,14,20

authentically 73:22

autism 29:7,22

available 79:9,12

aware 38:4 52:22 55:20 82:21 83:11
91:9 94:1

away 49:17 57:14 65:6

B

back 33:19 40:5 52:15 58:6 66:25
67:7 69:25 70:11 73:19 75:16,18
78:11 85:22

background 13:24 15:12

bad 72:21

balancing 64:8

Ball 14:9,12,21 15:5

basically 79:25

basis 29:20 44:17,18 59:13 64:4
74:12

bathroom 89:3,9,25 90:6,8,14,22
91:11

bathrooms 88:6 90:3,17 91:13

be 5:10,16 6:6 7:2 9:22,23 10:10,24
11:2 12:22 19:19 22:21 34:7 37:24
38:19 45:1 46:5 47:24 53:23 57:15
64:1 67:10 72:24 73:4,12,19 74:15,
16,22 80:22,23 81:7,10,16 85:19,21
86:13,25 87:19 88:7 92:12

because 13:8,11 20:19 21:7 28:18
29:19,22 32:24 35:13 36:9 40:4
44:21 47:17 51:5,8 56:11 63:17
66:7,17 73:20 76:7 80:6 82:1,7
83:22 90:14 91:8 92:10 95:20

become 12:23,25

becoming 66:8 73:16

been 5:3 15:2,20 17:22 18:2,11
19:18,22 20:16,19 21:4,8 23:15,19
24:1,18 25:25 36:21 39:22,24 43:1
45:17 52:8,9,20 62:13 65:8 68:4,17
69:24 71:17 73:13 83:24 88:16,18,
23 92:13

before 5:24 7:5 11:11 13:5 18:20
19:22 29:17 40:25 50:1 54:14 60:5
63:7 66:24 67:8 70:1 72:21 81:20
84:9 85:13 91:8 95:4,6

beforehand 43:23

began 12:22

begin 36:19

beginning 66:25 67:2,3

behavior 32:3 34:15 45:1

behaviors 30:22 33:21 46:3

being 8:1 12:11 40:23,25 47:7 68:19
73:22,24 74:1 78:25 84:7,19,20
86:23 88:10,18

believe 27:7 43:9 55:5 61:3 76:6
94:20

benefit 6:25

benefiting 28:20

benefits 50:21,24 84:4

besides 7:24 15:5 30:22 35:18
39:16 43:18 53:22 57:8 78:7 82:18,
22 87:3 88:21

best 6:5,12 70:3 94:7,11

better 61:8 65:25 66:23 69:7

between 14:21 24:1 30:16 32:8
45:12 75:13 84:9 85:23 87:9

beyond 17:25

big 24:15

biggest 70:3

Bill 89:8

binder 37:1,5 66:24 67:8,10,14,16,
20 68:10 69:1

birth 23:6 30:16,18 56:8 66:19

bisexual 86:5,11,21

bisexuality 86:13 87:3

bit 14:20 16:2 33:4,8 46:23 55:12
60:17 61:9 62:20 64:3,24 68:19
69:21 75:3,24,25 78:19 79:20 84:15
89:5

block 46:25 49:4

blocker 48:19

blockers 47:2,16

blocking 49:18

blog 12:13

body 37:24 54:23 55:1 73:14

born 14:7 55:22
both 16:3 18:12 20:19 42:25 44:24 80:14
bothering 77:4
bottom 66:22
boy 23:10,13,16 35:24 92:10,23 93:4
boy's 35:5
boyfriends 26:8,9,19
boys 51:8 89:18
boys' 89:20
break 7:3,6 45:5,8 75:10,11 85:17
breaks 7:5 19:2
breakup 26:13,14,15
breakups 26:11,21 27:2
breast 79:24
breasts 37:7
bring 12:20 13:6,17 37:7 47:20 62:12
brings 62:8
broke 26:18
brought 9:6 47:23 62:14,17 75:23
bully 93:8
bullying 88:14
but 6:23 7:2 9:23 12:2 14:21 16:8,10 17:19 18:1,25 20:20 21:19 22:16 23:1 24:22 25:7 28:9 29:4 32:18,25 33:8 34:4 37:21 39:10,25 43:3 47:9,12 50:6 51:2 54:11 56:11,21,25 58:25 59:18 60:3 61:13 62:6 63:18 69:13,14,23 70:7,10,15,19 71:5 73:3 74:22,24 78:20 79:5,18 80:5,8,10,20,25 81:6 82:6 83:3,24 84:13 86:21 87:15,17 88:2,9,22 89:17,19,25 90:7 91:2,9 92:2,5,6
by 5:5 7:8 8:11,22 9:17 10:2,23 12:13 15:1 17:9,21 18:4 20:12 22:3 24:3 25:9 35:7 38:21 45:6,14 53:5 54:1 55:6 57:20 66:13,14 67:6 72:17 75:15 76:4 77:1,12 81:23 86:1 94:9,19 95:16

C

called 61:7 62:18 92:10,12

calling 92:24
came 41:1,15 86:8,22
can 7:2,6 11:19 17:14 20:11,18 34:1,2 42:24 53:21 54:24 60:2 62:15,22 63:20 65:15 67:2 73:2 75:24 79:18 81:4 82:24 84:8 85:12 86:25 87:16 90:22
can't 7:12 59:19
cannot 7:9
capacity 12:6,9 16:4
car 85:10
care 29:18 38:14 39:12,15,20 70:18
Carolina's 89:7
carried 43:12
case 13:7 17:19 18:1 47:12,16 74:8
cause 30:20
Center 15:25
Central 90:10,24 92:2
certain 83:2
challenging 9:6
change 32:16 34:4 35:10 36:6,13,14,18 59:6
changed 22:15 35:9 66:23 87:15,17 89:4
changes 24:15 34:7 64:23,25 65:15,17,18,20
characteristics 54:22
chest 37:1,5 66:24 67:8,9 68:9 69:1 79:25
child 13:12 20:4 34:3,7 77:23 85:13 87:7,10,11,12,22 88:3,4,11
child's 5:16
childhood 24:14
children 19:25 56:8,10,20 63:23 77:8 87:18 93:12
Children's 38:23,24
Christmas 33:7
clarify 6:12 11:19 17:14 20:11 21:16 38:15 67:5
class 92:23

classmates 93:7
clause 63:24
clear 12:22,25 79:4
clearly 56:17
clinic 61:5 70:12
clinical 14:15,16 15:7 16:7,11
clinics 57:1
close 24:22 39:9 82:2
closely 50:25
closer 59:8
clothes 32:15,22
college 14:9
combination 64:6
come 60:12 63:20,21,25 73:19 90:11
comfortable 81:11,16
coming 85:14
communicate 79:10
communicated 54:1 55:4 81:25
communication 65:25
Company 15:16 76:19
compares 69:25
compensated 8:1
complaint 7:21,24 9:2,5
completely 22:23 77:15 93:9
concern 33:25 34:9
concerned 83:18 87:22
concerning 21:20
concerns 55:25 56:6 57:6 89:3
condition 27:11
conditions 43:15,17,20
conducted 41:18
confidential 5:14,15
confidentiality 5:18
confirm 11:10
conflict 30:20
confusion 21:13 33:25

Index: Congratulations..didn't

Congratulations 19:20**connection** 31:22**consider** 48:18**considered** 12:12 56:9**considering** 80:2,4**consistently** 35:5**consult** 40:1 64:16 88:20**consultation** 69:18**consultations** 78:12 80:9 81:5 82:7**consulted** 67:23 93:11**contact** 41:9 62:5**contacted** 13:4 39:11**contents** 9:3**continue** 57:25 61:24 64:1**continued** 93:5**continuing** 28:25**contradiction** 66:12,16,18**conversation** 21:10 22:2,17 40:14
41:2 47:22 49:15 51:10 52:3 54:10
56:5 57:3 63:6 64:9 74:20 90:24
93:1**conversations** 20:22,25 21:6,20
22:5,7,11,13,18,22 23:3 28:22 31:2,
4,21 34:19,22 39:2 40:19 41:16
43:3,4 46:16 47:14 54:7,9,13 59:14
64:5 70:23 74:11,14,17 81:5 82:19
83:24 85:4,8 90:2,5,9,21 91:15,20
93:2**coordinator** 16:8**cope** 62:15**coping** 62:10,11**coplaintiff** 19:15**corner** 10:11 72:8**correct** 6:23 8:16,17 9:8,9 10:16
11:12,13 19:14,16,17 20:5,6 21:22,
23 52:13,14 68:24 69:2,19,20 76:5
93:24**corrected** 93:3**could** 56:22 71:6 81:6 94:4**couldn't** 32:25**counsel** 82:17**counseling** 19:4 28:3 63:4 83:4**counselors** 90:21 91:16**couple** 16:6 28:19 47:3 70:12 76:14**course** 5:21 9:13 60:19 89:2**courses** 51:18**court** 5:18 6:2,7,22**cover** 77:2**create** 32:16**creating** 32:21**criticizing** 93:16**cross-sex** 53:3**current** 26:3 52:9**currently** 15:13 18:25 19:10 24:6
25:24,25 26:4 44:5 61:10 71:19
83:13 84:19**cut** 70:10 77:15**cycle** 49:4 51:24 55:2**cycles** 49:19 51:6,7 52:18

D

daily 25:13**Dame** 14:21**dark** 67:13**darkened** 59:3**date** 59:8**days** 58:24 67:13**deal** 62:9 77:5,7,9 91:19**dealing** 78:5**December** 74:23**decide** 12:20 34:14 61:1**decided** 35:23 39:2 48:22 67:24**deciding** 49:10**decision** 36:1,3 37:10 56:12**declaration** 10:1,3,15 27:6 34:25
36:24 48:4 57:7 58:9 64:22 72:7
75:18**decline** 63:14**declined** 63:15**decreased** 66:9**defendants** 5:8**deficit** 46:7**define** 30:7,13 67:2 82:24**defined** 66:12,14**definitely** 81:4 82:5**degree** 14:12 15:7 18:16**depending** 62:22**depends** 91:3**DEPONENT** 96:11**deposition** 5:15,17,22,23 7:19 8:6
9:14 10:25 87:7 94:20**depositions** 7:2**depressed** 27:15,18 84:21**depression** 18:3,10 28:24 30:21,23
31:23 43:19 44:1,10,12 58:19,21,25
60:4,7,11,15 61:13 62:16,19 66:10
67:13 68:19 70:21 73:12**depression/anxiety** 72:20**describe** 20:13 54:24 66:23 67:9**described** 20:16 72:19**details** 62:6**devastating** 73:4,7**diabetic** 73:1**diagnosed** 17:23 18:2,9,18 43:6,14,
20,22 45:17 46:4 60:5**diagnoses** 18:22**diagnosis** 18:23 43:12 45:20,21
49:6 76:10**did** 7:18 11:6,17,21 12:2,10,20,24
13:6,15 14:14,17 17:11,15 20:22,25
21:14 22:10 23:12 25:17 27:9 28:3,
12,21 29:1 30:1 31:4,10,18 32:14
33:20,24 34:14 35:25 36:19 37:13,
15,18 38:13,22,24 39:7 40:1,7,15
41:10 44:7,25 47:1,20 48:12 49:16,
22 50:6,12,17 54:7 55:10 60:23 61:1
63:14 64:11,16 67:19 68:1,15 70:18
74:17 76:2 78:22,23 79:10 85:1
93:21,23 94:2,6,10,12**didn't** 28:16,18 29:3,4 49:25 56:19
70:18 86:18

differ 87:8
difference 23:19 24:1 84:9
different 16:7 32:8 54:18 65:3 70:22
 71:14 83:2 87:19
difficult 21:7
difficulties 27:24
digital 85:2
dinner 71:3,4
direction 31:7
disagreement 13:10
disappointed 69:10
disappointment 11:16
discovered 57:21
discuss 45:1 50:12 62:7
discussed 21:12 22:9 38:2 40:20
 52:1,2 54:4 69:23 71:9 77:10 79:6
 82:23
discussion 47:15 56:1,2,13 68:4
 75:17 80:6,21
discussions 63:10 78:12,20,22
 79:2,3 80:8,12,16
disorder 17:23 18:5 46:7
distracted 46:12
distress 27:11
do 5:14 6:7,11,13 7:18,23 8:23 9:18
 11:3,5 13:10 14:2 15:4,6,15 16:12
 17:19 20:7 22:1,4,16 24:9,11 25:6,7,
 9,14 30:7,8,10 31:12 34:14 35:7,13
 36:10 37:3 46:20,23 47:23 48:10
 53:13 54:20 55:10 56:24 58:10,15
 61:13,15 62:4,5,22 64:11 67:24
 70:15 71:13 72:10,15,17 73:10
 75:10 76:16 77:2,24 78:7 79:4
 80:12,16 81:4 83:18 85:5,16 86:12
 88:13,15,20 90:2,16 91:17,20,23
 93:24 94:24 95:1,2,6
doctors 47:4,10 55:7,8 81:6
document 8:13,16,23 9:19 10:6
 11:4,11
documents 7:20,24
does 16:12 24:4,7,9 25:2,22 34:4
 38:8,10 39:15 43:17 46:8 52:7
 54:15,20 56:8 61:11,20 62:12,25
 65:23 71:22 75:3 91:8

doesn't 33:17 63:18 66:11 92:12
doing 12:5,14 32:4 42:18,19 70:16
 71:1 81:19 83:15 91:4 95:24
doll 33:18
dolls 32:9
don't 6:9,10 7:1 22:23,24 25:19
 26:22 27:4 29:10,14 30:11 34:1,11
 38:6 41:23 47:12 48:20 51:8,16
 53:4,19 59:11 60:2 61:18 62:6 79:18
 80:8 87:15 88:8 89:19 92:17,18
 93:14 94:3,4,21 96:1
done 15:19 29:11,13,17 56:24
down 10:8 34:24 40:13 48:3 66:21
drafting 12:13
dramatically 34:5
dress 95:22
dresses 32:14 33:7 35:6
dressing 35:21
drop 46:14
drug 48:16 53:10
drugs 46:24
duly 5:3
during 5:15 12:1 51:10
dysphoria 29:22 30:2,5,15,24 33:22
 38:16 43:7,18 45:2 49:5,8,13,20
 50:23 51:18 52:25 53:11,22 58:13,
 18,23 60:5 61:14,16 66:13,15,17
 73:16,18 76:10 82:23 83:5,14
dysphoric 73:17

E

E-CIGARETTES 75:3
each 67:17 93:21 95:7
earlier 34:20 72:20 87:6
early 9:12 45:24 94:20
easily 13:1 46:12
easy 58:23
eat 71:3
eating 71:2
edits 5:19

education 15:5
effect 50:13 59:19 60:12 74:22
effective 72:2
effects 28:10 37:21 50:8 54:15,16
 55:4,16,18 56:3,15 57:8,12 58:13,18
 70:19 72:4 73:25 74:4 83:25 84:1
eggs 56:23
eight 25:1 28:14 45:23 60:25
either 11:24 18:22 32:17 36:12 49:1
 91:12
elementary 45:25
Eli 15:16,20 16:1,9 76:19
else 6:25 7:18 29:2 88:20 90:6
elsewhere 14:4
employed 15:13
end 6:12 85:18
engage 83:3
enjoy 24:7
enjoyed 32:3,4 95:24
enjoys 70:9
enough 33:9 46:2 80:7 82:2
Enrolled 9:7,23 11:2,12
entail 61:11
entails 16:3
entire 14:7
episode 18:20 19:2
episodic 18:13
equivalent 72:25
especially 23:3 51:20 58:24 71:2
evaluate 43:2
evaluations 41:17
even 77:25 79:6 80:5 92:2,4
eventually 46:1 57:14 90:23
ever 5:23 15:2 17:22 19:22 20:16
 21:10 25:25 29:6 33:20 36:5 37:24
 38:6,8,10 41:21 45:17 48:12 52:22
 53:25 61:20 63:3 71:17 73:12 75:3,
 5,7 92:18 93:15
every 34:6 46:15 54:11

everyone 6:25 77:16
everything 6:3 32:12 33:12 65:14 83:16
evidence 8:5,19 9:10 10:19 50:21
exactly 22:24 26:22 45:6 62:6 74:20 86:19
EXAMINATION 5:4 94:18 95:15
example 52:1
examples 88:15
Excellent 7:22 10:13 14:19
exclusively 23:5
exhibit 8:6,9,19,20 9:11,15,21 10:3, 19,21,24 11:1 27:7 48:4 64:22
exhibits 9:12
exist 59:12
expanded 65:12
expect 7:1 34:2 46:19 71:6 87:16
expectations 89:4
expects 38:6
experience 20:17
experienced 24:15 26:21
experiencing 30:2,24 52:24 84:21
explain 30:13
explained 22:13 41:13,14 51:19 56:16,25 57:11 71:14
explaining 31:5 86:11
explains 92:9
expressed 56:19
extent 25:7 50:20
externs 5:9
Extremely 46:12

F

Facebook 12:18
facial 54:25 89:15
fact 28:23 36:17 70:14
fair 79:24
fairly 14:23 51:21 82:3,9,12

FALK 7:6 9:25 14:23 17:8,17,24 21:16,24 23:22 38:15,17 67:1 76:20 81:17 94:3,17,19 95:12 96:7
familiar 8:12 9:3 10:5 53:2,6,9 78:15 82:3,9,12 89:8
family 24:19 27:16
far 65:9 77:20 83:15 95:22
fast 6:22
favorite 85:15
feel 6:17 28:21 51:2 69:11 74:3 77:24 83:18
feeling 35:16 73:13,14 86:23
feels 60:13 61:23 66:11 68:12
felt 28:20 31:5 70:21
female 23:8 47:19 51:22 79:23 89:16 93:18
females 20:15
feminine 32:15
fertile 64:2
fertility 55:21 56:14,15,17 57:1,9 63:4
few 12:18 28:9 62:14 85:19 86:2
field 44:22
figure 86:17
filed 27:6 35:1
filing 36:21
fill 95:8
filled 95:9,10,11
filling 95:2
final 86:3
finally 73:13
find 19:8 37:15 50:5
finishes 23:23
first 11:6 18:20 21:9,18 22:2,22 25:18 26:15 27:8,9 30:1 35:5 36:10 42:2,4 43:7,12 45:5,25 47:1,6 49:1, 16 51:23 54:12 63:8,24 69:1,6 86:21 95:4,7
five 33:9 45:9
flip 36:25 78:11

floor 33:18
follow 5:12 95:14
follow-up 40:17 42:12,16 43:8,10
following 6:19
follows 5:3
football 14:20
for 5:7 6:22,24 7:3,19 8:1,5,9,20 9:5, 10,15 10:19,21,24 11:18,21,24 14:10,11 17:6,12,18,20 18:17,18,25 19:1,9,10 21:17 23:2 28:4,7 29:5,6, 20 31:13 33:8,9 34:9 37:2,12,14,17 38:15,16 39:5 42:23 43:8 44:1,10, 11,13,16,17,18,19,24 45:9 47:18 48:14,23 49:5,6,8,11,23,25 50:7 51:18,22,25 53:19 54:21,24 56:13 58:3,4 59:9,13 60:4 61:12 64:4 66:23 67:9 70:15,18 71:24 73:21 74:12 76:17 77:14 79:22 80:3 81:11 83:22 86:3,10 87:22 91:12 92:19 93:4,9 96:4
forget 83:9
formally 43:6
found 28:7 77:19
foundation 37:6
four 26:23 33:2
free 6:17
friend 65:12
friendly 76:8
friends 25:22 27:16 65:11 70:24 85:9
from 11:8 12:11 14:12 15:7 24:19,21 27:11,16 28:10,22 29:24 42:25 47:4, 8,19 48:7 51:22 61:4 70:19 72:24,25 73:4,22 74:1 77:25 78:19 79:19,23, 25 83:23 88:14 89:9 94:24
front 8:24
funnier 65:23
funny 84:24
further 60:17 94:15 95:12,15 96:3, 11
future 58:1 87:17

G

gave 40:16 70:13**gears** 46:22 75:2**gel** 71:17,19,24**gels** 71:15**gender** 16:25 29:22,24 30:2,4,15,
17,19,24 33:22 36:5,14 38:16 39:23
43:7,18 45:2 49:5,8,12,19 50:23,25
51:2,3,18 52:24 53:10,22 58:13,18,
22 60:5,9 61:5,14,16 66:7,13,15,17,
18,19 67:16 68:12 69:9 73:16 76:10
78:15 82:23 83:5,14 86:14**gender-neutral** 32:17,19**gender-specific** 32:7**general** 11:22 13:23,24 69:22**generally** 30:5,9 78:23**gestures** 6:16**get** 5:14 14:22 39:3 44:7 59:8 62:6
78:3**get all** 9:12**gets** 53:15**getting** 36:18 80:18**girl** 92:24**girls'** 89:22**give** 6:15 56:8**given** 5:23 81:18**giving** 77:17**go** 6:24 17:19 18:1 31:4 38:22,24
40:8 45:8 52:15 58:6 61:21 75:11,16
80:9 90:7,22 91:6,10**goes** 6:21 57:14 65:6 89:20,21**going** 5:10 6:1,3 8:4,7 10:10 12:14,
23,25 13:23 17:17 27:8 33:14 48:5
66:2 67:1 70:14 72:6 74:15,16 75:20
80:22 81:2 82:13 85:17 86:17,19
88:4,7 89:20 90:19**gone** 36:16 62:14 65:13 71:5**good** 5:6 61:23 62:2 73:13,14 91:25**got** 25:19 46:1 65:5**gotten** 58:25 82:6**grade** 45:25**grades** 65:13 70:25**graduate** 14:14,17**graduating** 18:15**graduation** 15:20**grandma** 33:9**grandpa** 33:10**grandparent** 24:22,23,25**granted** 62:4**great** 6:15 45:4 69:11**greater** 65:4**greatly** 59:21 60:14 65:7 70:20
72:22 77:18**ground** 92:8**grounds** 17:25**group** 12:8 42:10 65:12 70:25
76:14,17,18 77:17**groups** 41:8 42:19 76:11 77:3,11,19
78:7,8,9**growing** 79:16**guarantee** 63:19**guidance** 90:21

H

had 13:4 21:5,10 22:2,5,12,16,20,25
26:8 28:8,10,22 29:6 31:1 32:7
34:16 39:2,9 40:13 41:16,25 42:20
43:1,4 47:17,22 49:2,15,25 51:5
54:9,11,13 56:1,6,13 57:3 58:6 59:9
63:9 68:4,16 69:5,11 70:8 74:11,19
75:22 76:7,9 79:2 80:20 82:7,20
85:13 86:10,20 90:5,8,13,20,23
91:1,15 92:1,4 93:1,15 95:7,8**hair** 54:25 55:1 57:14 89:15,17
95:23**half** 42:6 57:5**hand** 82:6**handle** 92:5,19**handling** 91:25 92:15**happen** 73:8,9,10 89:1**happened** 31:15,25**happening** 78:3**happy** 70:6**harmful** 13:11**has** 15:20 17:18 20:19 22:13,14
23:9,15,16,19,25 24:14 25:25 26:21
28:8 34:6 35:4 36:16,21 38:2 39:22
44:5 45:17,19 51:3 52:5,7,12,18,19
56:7,9 58:25 59:3,9 60:3,11,12,14,
18 62:13,19 63:3 65:12 66:8,23 68:4
69:24 71:17 72:21 73:13 75:5,7 76:9
77:16 82:16 83:24 85:1 87:12,17
89:15,17 91:15 92:1,13,14 93:15
94:15**hasn't** 44:6 62:13**hated** 32:14**have** 5:12,23 7:6 9:22,24 11:11 14:4,
6 15:2,4,6,17,19,22 16:10 17:4,22
18:2,11,21 19:3,18,22 20:22 21:4,7
25:11,22 27:9 29:6,10 31:15 34:3,11
36:12 38:8 39:24 43:17 46:8 48:5
50:19 51:7,8 52:4 54:3 56:19,24
57:1,2,16 59:21 62:5 63:22 65:13
66:12 69:1,2,22 70:15 71:7 74:24
75:1 76:10 77:19 78:8 79:3,5,6
80:19,23,25 81:7,13 83:1,6 85:4
86:18 87:18,19,21 88:5,15 89:4 90:2
91:20 94:17 95:12 96:7**haven't** 19:10 79:1 82:6,7**having** 5:3 22:22 33:3 34:22 74:2,5
80:5,6,7,11,12 83:25 84:1 85:8 87:7,
9,12 88:2,4**he** 20:19 22:13,20,23,25 23:14,23,25
24:22 25:18,19 26:9 27:18 28:8,10
30:3,25 31:1,5,14,18,19 32:2,3,7,10,
11,13,18,24,25 33:1,15 34:21 35:9,
21,25 37:12 38:6 40:25 41:15 42:10,
18,20 44:5,6,7 45:19,21,22,24 46:2,
3,7,14,15 47:17 49:22 50:2 51:3,5,6
52:4,5,7 56:8,9,12,19,23 57:5,13
59:10,17,18,19 60:3,5,7,13 61:23
62:1,8,13,15,17,18,22 63:11 65:10,
12 66:1,11 68:6,7,12 69:10,11,14
70:4,6,8,11,15,18,21,22,25 71:19,
20,22 73:2,20 74:22,24,25 75:1
76:20,21 79:1 80:23 81:1,6 84:9,23
85:1,13 86:8,9,10,11,16,17,18,22,23
89:16,17,20,21 90:7,9,14,15,22,23,
25 91:5,8,10,11 92:1,5,8,9,10,11,12,
13,14 93:1,3 94:5,6 95:19,23,24**he's** 21:5 23:4 26:8 39:25 44:5 50:1
56:18 60:21 62:22 63:23 65:3,8,9,

10,23 66:11 69:7 73:13,16 80:6,10,
18 81:3,4,8 83:24 84:1,18,19,20,23,
24,25 85:2,3,5,14 90:11,13,20 91:9,
25 92:4,10,17,18

he/him 17:3,12

health 15:24 58:8,13,17 59:25 60:23
75:19 83:4

healthy 34:11

hear 11:6 34:2 85:8

heard 11:15

heightened 89:23

help 5:13,17 31:3 65:23 82:23

helpful 77:19,20,21

helping 46:13 62:9

her 6:24

here 6:3 8:15 27:9 36:25 58:25
64:23 66:22 72:12

Herron 24:6 90:20

heterosexual 17:1,16

hey 6:18

high 24:6 90:10,12,20 92:5

him 28:7,20 31:5,6,10 34:18 37:7,14
39:2 41:20 42:9,23 43:2 46:1,13
47:7 49:25 50:7 51:2 59:10,12,14
68:6 69:10 70:4,13 72:24 73:4,5,7,
21,23 74:20 80:21 84:7 85:8 89:25
90:15,19 91:5 92:19,24 93:2,3,5

himself 56:13 65:11 66:11 70:9,17
73:14 92:16

his 21:21 22:14 25:17 28:24 31:17,
23 32:3,23 34:10,23 35:9 37:12
39:21 40:4,22,23,24 42:23 46:13,14
47:12 49:4,18 50:10,25 51:1,20 52:9
54:22 55:1,2 56:23,25 58:5,13 59:3,
21 60:9,14 61:14 62:2,19 65:4,6,11,
12,24,25 66:2,7,12 69:6,14 70:20
71:4,20 72:3 73:14,15 74:24 84:8,
13,19,24,25 85:7,8,9,11 86:10 87:16
90:5 92:1,5,6,8,23 93:7 94:7 95:22,
23

historically 14:24

history 40:22,23,24 41:11,13

hit 67:17

home 23:16,17,20,21 24:2 62:8,12,

14,17,23 75:23 90:11,13 91:1

homeowners' 16:17

homework 46:14

honestly 22:1

hormone 57:22

hormones 53:3 58:1 72:13

Hospital 38:23,25 39:19 61:5 78:21

hospitals 15:23 16:4,6

Hot 32:8

hour 42:6

house 71:2 85:6 89:7 91:8

how 11:6 13:25 15:11,17 17:4 19:18,
25 20:13 21:14 22:10,19 23:4,9,12
24:24 26:20 28:12 30:7,8,13 31:4,5,
12,14 33:13,24 34:22 36:16 37:20,
21 40:7 42:4,18,19 52:7 54:17 57:4
58:3 60:18 61:1,21 62:25 64:7 66:15
67:11 68:2,6,10 69:25 73:15 77:6
78:18 87:8,12 88:3 89:14,19,21,24
90:15,17 91:18 94:4 95:23

humor 65:24

hyperactivity 46:8

hypervigilance 89:24

I

I'D 7:4

I'LL 5:16 6:8 17:24 67:4 85:20 94:8
95:14

I'M 5:7,10 6:1,18 7:7 17:1,17 18:24
20:18 23:22 30:10,19 38:4 41:19
48:7 61:24 67:1 76:20 82:3 83:9,10
94:1 95:20 96:1

I'VE 14:10 72:22 76:15

ID 10:9,10 36:25 64:21,22 72:9

idea 47:24

ideation 59:4 62:20

identification 8:5,10,21 9:11,16
10:19,22

identified 17:4 23:9 86:5

identifies 68:13

identify 66:19

identifying 23:13 52:23

identity 16:25 30:18,19 51:1,3 60:10
66:8 67:16 69:9 86:14

if 6:10,17,21 20:16 30:12,13 48:21
49:9 56:23 59:19 60:2 61:22 62:1
63:11 67:2 75:18 78:13 81:9 83:7
89:8,20,21 91:4,5,10 92:13 93:8
94:22 95:19

imagine 33:16

impact 34:23 59:10

improved 59:21 60:1,14 65:7 68:11,
15,17 69:13 70:20 72:22 84:5,7

improvement 70:3

improves 67:18

in 6:7,23 8:15,24 9:12 10:11,14 11:1,
9,17,22,25 12:5,18 13:1,7 14:4,6,7,
8,10,11,12 15:7,23 16:4,6,10 19:15
20:15,17 23:19 24:9,19 25:10,25
26:1 27:24 29:18 31:16 32:1,16,21
33:12,18 34:25 36:17,24 37:7,15,18
39:9 42:2 44:22 45:7,24 47:14,16
48:3 49:10 54:12 55:21 57:7,21,22
58:1,14 59:2,6,11,25 61:4,15 62:16
63:4,9,12 64:3,21,23 65:11,16,19
66:2,21 68:16,22 69:21,23 70:4,14
71:1,4 72:3,12 74:7,14,25 75:17
76:1 77:2,8,10,21,22 78:3 79:18,21
80:18 81:10 83:1,3,7,13 84:13,17
85:9,11 86:4 87:6,8 89:3 90:12,16
91:4,21 92:15,23 93:11 94:20

incident 92:4,20,21

included 85:2

incongruence 30:16

increase 70:25

increased 55:1 62:19 70:23 85:1

independent 55:10 64:11

Indiana 14:4,6,8 39:9 74:25 79:19

Indiana's 9:7

Indianapolis 14:3,5,11 15:8,23

indicate 33:21

indicates 68:16

indication 27:10

individually 95:10

individuals 52:23

infant 32:24
infection 82:14
information 5:14 25:12
informed 39:25 92:14 93:7
initial 40:7
initially 69:13 70:5 86:8
initials 5:16
inject 70:8
injection 72:3
injections 70:16,18 71:15,22,24 72:1
inside 23:20 24:1
insisted 92:23
Instagram 25:5
Institute 15:24
instructions 70:13
insulin 72:25
intent 52:15
interested 63:12,23 71:1 80:18 83:7
interesting 47:13
Interrupting 46:16
intervening 15:21
interviews 12:14
into 5:15 8:5,19 9:10 10:18 13:23 14:22 32:16 36:12 37:13 47:7 60:12 62:6 70:8 75:16 82:6 85:2 89:20,21
involve 21:1 78:22
involved 11:22 25:19 39:22,25 78:3 88:10
is 5:7,8 6:2,17 8:6,7,16,17 9:1,2,5,8, 21,24 10:3,8,10,12,14,15 11:11,13 13:9 14:25 16:13,25 17:7 18:1,5 19:14,15,17 20:5,6,10,14 21:21 22:18 24:12 26:3 27:7 30:6,7,14,15, 17 34:3 35:15,17 37:5,6,21 39:5,12, 21 44:10,13 45:4 47:8 48:4,21 49:24 52:13,14,15 53:4,17 55:16 56:16 58:8 59:15,20,23 61:6,7,10 63:17 64:4,5,21 65:4,6,16,24 66:17 67:3, 14,16 68:24 69:15,17,18,20 70:9 74:1,12 76:3,5 77:25 78:9 79:1,8,21 80:23 83:13,23 84:23 85:12 88:8 89:3,11 92:10 94:6

isn't 79:9
isolate 59:23 77:25
isolated 65:11
isolation 27:15 67:14 71:4,6 84:22
issue 74:7
issues 61:14,17 88:21 93:15
it 6:12 9:1,2,21,22,23 10:24 11:9,25 12:6,22,23,24,25 13:1,8,9,10,18 14:25 16:13 18:25 19:2,19 20:10 22:2,5,8,13 23:1,15 25:19 26:5,10 27:12 28:20 30:6,7,8,13,14 33:6,17, 19 34:4,7 35:22 36:25 37:6,11,13,21 38:19 39:2 40:9,10,12 41:1,25 42:17,24 43:5,11 45:24 46:8 47:8, 18,22,24 48:1,2,5,7,10,21,22,25 49:6,10,22,23,25 50:6,10,15,18,25 51:2 52:2,4 53:16 54:15,16,19,21 55:16 56:17 57:13 58:4 61:6,22,23, 25 62:1,13 63:8,12,14,15,17,18 64:5 65:6 67:12,23 68:2,3,7,11,16,22 69:9,10,12,13 70:6,8,15,19 72:21 73:2,12,15,17,19 77:12,14 79:2,4,25 80:20 81:1 82:6 84:10 85:18,20 86:21 90:25 91:3 92:6,13 93:6,12 95:5,21,25
it's 7:2 9:25 13:11 14:23 17:25 19:7 33:2,16 39:10 49:19 52:9 54:17 58:21,23 61:12 62:4,23 63:18 64:21 65:4,5 70:5 72:8 76:18 77:16 78:1,4 79:12,15,17,22 80:22 84:6 85:12 86:15 89:23 91:7 92:11 93:9 94:15
its 9:3
IU 15:25

J

join 42:10 78:8
journey 86:20
July 74:22
jump 6:23
juncture 47:25
June 19:19
junior 90:12
just 6:1,10,18 7:4,7 11:10 12:18 13:5,18,20,23 14:5 17:18 18:20 20:4 21:16 26:9 28:22 30:8 31:5,14,16 33:9 34:20 38:15 46:22 47:6 49:10

50:10 52:10 55:14,15 56:6 61:25 63:10 64:3 65:19,22 67:1,16,24 68:22 75:20 76:18 77:12,17 78:19 79:15,17 80:22 82:19 83:23 84:7 85:10,11,19 86:2 87:18 88:22 89:14, 23 92:7 93:12 94:17

K

keep 5:13
Ken 21:25 23:24 38:18 67:4 94:16
kid 65:3 70:9,22
kidding 7:7
kids 35:15 38:8,10
kind 17:23 19:7 26:1 31:7,8,16 32:23 39:20 62:4,11,12 64:2 87:7 89:7
kindergarten 45:25
kinds 77:6
knew 58:6
know 5:12 6:11 12:24 19:1 20:7 22:14,18,19,20,24 23:12 24:12 25:6, 7 26:22 27:4 28:24 30:7,14 31:7,12, 13,14,15,16,17,23 32:6,10,13,25 33:1,6,16,25 34:5,18,20,22 35:15,16 37:18,20,21 39:1,3,7 40:22,23,25 41:1,14 42:20,23 44:23 46:13,23 48:20 49:19 50:3,25 51:21 53:4,13, 19 54:14,15,17 55:15,17 56:9,18,22 57:13 59:10 60:2 61:13,14,15,25 62:1,8,9,15 63:7 65:5,9,13,25 66:1, 10 67:12,14 68:6,11,18 69:8,14 70:5,6,7,10,15 71:4 72:23 73:15,19 74:21,24 77:4,12,13,20,22,24 78:2, 4,25 79:1,15,16,17,18,24 80:8,21 81:7 82:5 83:7,11,23 84:8,11,18 85:1,7,11,13 86:16 87:21 88:2,5,6, 17,22,24,25 89:15,17,19 90:7,20 91:2,3,5,10,11 92:7,9,12,13,15,18 93:3 94:3,4 95:19

knowledge 22:19
knows 31:14 69:14 73:20 75:1 81:1

L

label 53:19
Lane 5:5,7 7:8 8:11,22 9:17 10:2,23 15:1 17:9,21 18:4 21:23,25 22:3 24:3 38:16,18,21 45:14 67:4,6 75:9,

15 76:23 77:1 81:21,23 85:16 86:1
94:9,14 95:14,16 96:3

language 86:18

large 59:9 91:4

larger 73:12 88:8,9

last 10:24 29:12 91:7

lasted 33:8

lasting 55:18

later 56:10 70:12 80:20

law 5:8 9:7 11:7,15,18,24 12:11,19,
23,25 13:16 59:9,16,18,19 60:12
74:7,20,21

laws 89:6

lawsuit 9:6 12:11,21 13:6,17 19:16
36:22

lawyer 85:20

learn 47:1

least 53:5 74:25

leave 94:2

leaves 91:8

led 37:9

left 72:2 86:10 94:5

legal 35:10 36:5,13 41:8

legislative 11:18

lengthy 95:8

less 52:10 71:6 73:16

let 6:11

let alone 70:10

let's 10:18 21:9 26:15 27:5 30:12
34:24 38:12 45:8,9 46:22 48:3 55:3
58:6 60:16 64:20 72:6 74:6,10 75:9,
10 78:11 80:15 85:16

lets 91:11

letter 46:15

LGBTQ+ 76:8 88:17

life 14:7 32:23 34:12,23 58:5 60:9,19
61:8 66:2

light 85:14

lightening 68:18

like 7:21 12:15 22:12 28:20 32:13
36:12 37:11 42:16,23 45:24 46:2,13,
15 49:25 51:2 54:8 58:4,24 61:23
62:16,21 65:5 67:12 70:19,21,22
74:3,18 76:12 77:20,24 78:2,13
80:1,16,19 88:23 89:7,16 90:4 91:23
92:25 93:5 95:22

liked 95:23

Lilly 15:16,20 16:1,5,9 76:19

lines 11:24 78:9

link 40:11

Lisa 19:13,15 20:2

list 76:6

listed 61:4

listening 21:17 31:6

little 14:20 16:2 33:4 46:22 55:12
60:16 61:9,22 64:3,24 68:19 69:21
74:6 75:2,20,24,25 78:19 79:20
84:15 89:5

live 14:2 35:23 73:21

lived 14:4,6,8,10,11 23:16

living 60:8

logical 37:11

long 7:2 15:17 17:4 19:18 23:9
28:12 42:4 49:23 52:7 56:2 58:3
60:4 63:9 68:2,6 89:17 96:1

long-term 55:21

longer 10:15 28:17 71:22

look 37:7 48:5 54:7 72:7 74:17 75:18
76:2 80:1,16 91:23

looked 36:12 37:13 55:14

looking 39:5 47:6 65:19 91:12

looks 58:4 89:16

losing 60:13

loss 24:18,21

lost 24:25

lot 22:16 23:2 28:10 31:17,21 34:7,
17,18 35:15 39:7 41:2 50:2,11 51:2
54:21 58:22,25 60:6 62:13 65:14,22
66:1 67:12,13 79:2 84:11 85:1,13
88:9 89:16,25 91:2,7,12,25 92:1,17,
24 93:6,8 95:11,21

lots 31:2,6 85:4

love 65:2

low 83:24

lowered 55:1 57:15,17

M

M.W. 20:5,13,14,23 21:10,15,19
22:11 23:9,12,16 24:4,7,9,12,15,24
25:2,7,22,25 26:21 27:10,21 28:12,
16 29:6 30:1,24 32:20 33:11,13
35:23 37:2 38:3,8,10 39:15,24 40:15
43:6,14,17 45:17 48:12,23 49:3,11
52:19 54:4 56:7 57:4,16,23,25 58:7
60:18,24 61:10,20 62:12 63:1,4
64:23 67:8 68:16,23 71:10,17,23
74:11,18 75:3,5,7,22 76:3,9 78:25
80:3,13,15,17 81:12 82:16 83:13
86:5 89:15 90:2,16 91:15,17,18
93:5,15 94:22 95:3,11,19

M.w.'s 20:7 23:6 24:14 25:14 34:15
37:24 39:12 41:11 45:1 54:3 59:15
60:19 66:24 67:11 68:10 69:4 82:23
93:16

made 30:23 32:6 36:1 51:2 69:10
79:4 84:3

main 95:24

mainly 16:10 58:21

maintain 5:17

majority 57:12 81:9

make 5:19 6:24 31:18,22 35:17 37:7
56:11,12 79:25

makes 65:17 74:3

making 34:20 69:7 88:5,6 92:7

male 35:6 37:8 47:19 51:22 54:22
79:23 89:16 93:17

males 20:15,20 23:5

man 80:1

manage 18:21

many 13:12 19:11,25 21:8 26:20
60:18 67:15 69:15

marked 8:9,20 9:15 10:21 27:7 72:8

marker 36:6,14

married 19:12,18,22

masculine 32:18 35:21
mass 88:16
master's 15:6 18:16
match 22:25
material 79:24
materials 40:17 41:4,6
matter 13:9 68:23
may 9:23 25:6 45:1 69:22
maybe 19:9 83:3 94:23
me 5:8 6:9,11,18 12:17 16:2 19:6
 22:7 23:14 26:7,13 27:8 28:6 30:6,
 10 36:25 40:19 42:15 44:3 45:20
 47:13 49:10 52:3 55:13,24 56:4 61:9
 63:6 64:7,24 66:15,23 67:9 69:21
 71:12 73:6 74:2,3 75:19,24 78:18
 79:20 82:11 84:15 86:7 89:5,12
 92:20
mean 12:13 20:11 25:9 26:9,16 29:3
 32:25 35:7 43:11 48:20 52:5 58:21,
 22,23 62:2 65:3,22,23,24 71:5 72:17
 73:6,11,13 74:19 77:15,16 80:5,7,12
 82:3 83:15 84:7,20,25 86:20 88:13
 89:15 91:24 93:4 95:21
means 74:21 84:15
meant 34:21
mechanisms 62:10,11
media 12:16 25:2,15 87:24 88:18
medical 15:24,25 29:18 38:12,14
 39:15,20 40:24 44:25 48:6,8 50:14
 54:3 72:13,17 78:12
medication 19:1 44:4,13 50:2 73:25
medications 18:24,25 50:5
medicines 50:4
meet 63:1
meeting 7:17
member 16:15 24:19
menstrual 48:14,18,23 49:4,12,18
 51:6,7,24 52:18 55:2
menstrual-suppressing 48:15
mental 17:23 18:5 58:7,13,17 59:25
 60:23 75:19 83:4
mentally 73:5,7

mentioned 28:1 58:7,12 62:18
 75:22 87:6 92:20
met 28:18 40:12 70:11
might 22:21 33:21 34:7,23 47:24
 53:17 83:3 87:8 89:4 91:18
milestones 67:18 69:8
mind 65:16 83:1
mindful 87:20
minutes 33:9 45:6,9
misgendering 92:23
mixing 85:3
money 33:8
month 19:2,9 36:20
months 28:14 36:20 60:25
mood 27:15 59:3,6,21 60:1 65:4,6
 69:14 70:20 84:5,7,21
moods 59:6
more 26:24 27:21 32:17,19 33:4
 35:21 37:8 39:3 40:16,22 46:19
 50:25 51:2 54:22 59:17 60:8 65:9,
 10,17 66:8,11 67:15 68:12,19 69:9
 71:1,6 73:21 74:3 75:9,21,25 80:1
 84:7,14,19,23,24 85:6,16,19 86:3
 87:25 89:16 90:19 92:22
morning 5:6
most 93:9
Mostly 16:7
mother 86:10
move 8:5,18 9:10 10:18 13:23 17:10
 34:24 38:12 48:3 64:20 72:6 81:21
moves 24:19,21
moving 40:5
Mr 5:5,6 7:6,8 8:11,22 9:17,25 10:2,
 23 13:22 14:23 15:1 17:8,9,17,21,24
 18:4 21:16,23,24,25 22:3 23:22 24:3
 38:15,16,17,18,21 45:14,15 67:1,4,6
 75:9,15,16 76:20,23 77:1 81:17,21,
 23 85:16 86:1,2 94:3,9,14,17,19
 95:12,14,16 96:3,4,7
much 26:16 32:11 33:17 42:18 65:4
 85:21
multiple 22:12 64:17,18 82:20 93:1

Muncie 14:9
murder 88:14,15
murdered 88:19
my 5:6 6:4,12 7:13 9:22 10:12 11:8
 13:11 14:6 16:17 18:15 21:5 34:17
 43:4 45:6 47:9 53:24 54:21 76:23
 78:20 85:14 87:14 95:10
myself 31:13 74:3

N

n-o-r-e-t-h-i-n-d-r-o-n-e 48:14
name 5:6 29:14 35:5,9,18 36:13,18
names 92:11
narrow 84:12
natal 20:14,15 89:10
nausea 50:13 51:14
necessarily 87:14
necessary 47:24 48:2
necessity 72:14,18
need 6:4 7:3 23:22 93:24
needed 47:18 95:6
needles 70:10
needs 91:5,10
negative 57:8 58:12,17
never 24:1,18
new 92:5
news 11:9 87:23 88:18,21,22
next 30:13 37:11
nice 78:4
nicotine 75:7
nine 45:23
no 5:25 7:11,15,25 8:3 10:15,17
 15:3,22 16:18,19,21,22,24 18:8
 19:24 24:17,21 25:24 26:4 27:1,23
 28:2 29:3 33:25 35:11 36:7 38:1,9
 39:14 40:2 42:25 43:16 44:15 45:3
 46:9 47:17 51:12,19 52:17,21 53:1,
 24 54:2 57:11 61:18,25 64:13 71:5,
 22 72:5 74:4 75:4,6,8 80:10 81:19
 82:1,19 83:6,10,15,20 87:5 89:18
 93:20 94:15 95:12 96:3

Index: noncongruence..orientation

noncongruence 29:25**none** 82:18**norethindrone** 48:13,23 49:3,11
50:9,22 51:11,14 52:12,19 68:24
69:2,5,17**North** 89:7 90:9,24 92:2**not** 5:14 6:16,18,19 9:23 12:2 18:24
19:10 20:18 22:1 25:7,16,24 26:4,16
29:19,20,23 32:4,18,24 34:3 35:12
36:8,9 37:20 38:4,5 39:25 40:3,4
43:1 46:8 47:24 48:21 49:16,22 50:6
51:1,7 52:1 53:24 56:8,17 57:24
58:23 61:18,23 62:2 63:18,23 64:15
65:5,10 68:7 69:11 70:9,18 71:3,5
74:2,5,16,25 76:2 78:10 79:4,6,12
80:5,6,7,22 81:7,10 82:1,2 83:6,21,
24 84:6,18,19,20 87:5,10,14 89:10
92:1,11 94:1 96:11**note** 86:10**noted** 5:1 96:9**nothing** 17:18 28:9 96:7**notice** 8:7**noticed** 46:11 59:6 69:25**Notre** 14:21**notwithstanding** 37:23 51:14
91:14**November** 38:20**now** 7:6 9:10 16:4 20:20 21:19 42:24
45:8 49:14 52:19 58:4 72:6 76:4
83:19 85:3 94:1**nowadays** 89:19**number** 8:19 9:11,21 10:10,20 11:1
34:25 48:4,6 64:22 72:9**numbers** 77:21

O

object 17:17,24 67:2 94:8**Objection** 81:17 94:3**observe** 68:16**observed** 27:22 33:13 76:1**obviously** 5:18 32:24 39:9 91:9**occasions** 18:11 28:19**occupation** 16:3**occur** 79:5,18**of** 5:8,21 6:5 8:24 9:13 11:25 12:19
13:9 14:20 15:8,24 16:15 17:23
18:22 19:7 20:16,20 21:3 22:4,16,17
23:2 24:18,22 25:10 26:1,20,24
27:2,11 28:4,10,19 29:18 30:4,21
31:2,6,7,8,16,17,18,21,22 32:8,10,
23 33:4,8,11,12,19 34:6,7,10,13,15,
18 35:1,14,15,16 36:18,24 37:22
38:4 39:7,10,20 40:13,22,23 41:2,9,
13,21,22 42:7,21 45:24 46:16 47:14
49:16,19 50:2,21 51:13 52:22,23
53:17,21,25 54:15,16,19 55:15,17,
18,20,21,25 56:3,15,22 57:7,12
58:5,8,13,18,22 59:16,20,25 60:6,
13,19 62:4,6,10,11,12,20,23 63:17,
21,24,25 64:1,2 65:14,15,22,24
66:1,9,18 67:7,13,14,17 68:3,8,18,
20,22,23 69:15,23 71:2,16 72:7,25
73:2,25 74:10,15 75:17 76:6 77:6,7,
9,21,23 78:11,19 79:2,3,5,10,24
81:9,24 82:4,13,14,15,21 83:19
84:11,13,22 85:2,3,4,5,13,14 87:7,8,
18,19,20,23 88:1,9,10,12,15,18,25
89:2,3,4,7,12,13,24,25 91:2,7,9,12,
25 92:1,15,17,19,24 93:6,8,16,24
94:1,7,11,23 95:5,7,17,23**off** 63:20,21 64:1 73:2 75:11 77:15**offered** 63:3,10**offhand** 29:16 65:15**often** 44:21,23 62:25 79:19 85:6
87:25**oftentimes** 92:10**Oh** 29:13**okay** 6:1 7:3 10:18 11:10 12:4,17
13:3,13 15:9 18:14 19:3 20:21 24:4
25:6 26:20 27:5 28:21 29:15 30:15
31:20 34:13 37:9 40:5 41:10,21
43:6,14 44:7 45:11 46:10,18 47:11,
20 48:22 49:9,21 51:25 52:11 53:6,
21 55:3,8,10,13 57:16,25 59:2,5,23
60:16 61:1,6,9,15 63:24 64:11,14,20
66:14 67:19 68:21 69:16,21 71:21
74:5 75:2 76:3,24 79:8 80:15 81:21
82:16 83:18 86:12,25 90:16 93:11,
15 96:3**old** 13:25 23:11 24:24 33:13 46:2
57:4 80:7 86:9**on** 6:12 9:22 10:8 12:14,18 17:10,2519:19 25:10,12 28:19 33:4,14,18
37:13,19 38:12 45:24 54:22 55:11
56:15 59:10 60:21 61:1 62:21,22
64:3,12,20 66:2 67:24 68:1 70:16
71:20,24 73:17 76:6 78:20 80:8
81:21 86:17,19 88:21,24 90:13 91:1,
3,25 92:6,23 95:14,18**on-label** 53:18**once** 63:2 70:4 90:12**one** 5:8 18:11,13 20:1,4 21:2 24:22
34:1 37:10,12,14,18,19 39:10 49:16
50:5,6 55:25 59:20 61:3 63:17 64:16
67:14,17 69:15 75:9 76:13,15 77:23
81:19 83:23 85:14,16 87:16,22 89:3
92:4,19,22 94:17 95:7,9,10**one-sided** 14:24**ones** 39:10 58:20 82:22 84:1**online** 6:25 37:19 39:8 40:10 55:14
88:24**only** 8:6 9:11 18:5 39:10 57:14 58:20
83:25**open** 25:11**opinion** 33:4 77:13,16**opinions** 39:4 77:18**opportunity** 45:5**oppose** 13:8,10**opposed** 59:24 65:20 71:24 93:18**opposition** 11:25 12:19**or** 6:19 7:13 10:16,19 11:22,24,25
12:6,7,15 13:10,16,18 14:5 15:20
17:4 19:2,9 22:18,21 24:15,20 25:1,
20,25 27:13 28:3 29:5 30:7,17,18
32:18 33:2,18 36:13 39:4 41:1,17
43:2,8 44:1,11 45:23 47:21 48:15,21
49:1,6 50:13,21 52:24 53:4 56:9,24
57:6,20 61:23 62:2,23 63:11,14
64:16 65:7 67:23 71:6 76:11 80:13
82:18 83:7,8 85:9,10 86:13 89:10,21
91:13 92:14 93:12 94:22,23**order** 5:13 32:16 37:18 83:13**organization** 12:7 13:19 61:7**organizations** 11:23 16:16,20,23
88:17**orientation** 17:7,12 20:8,12,23
21:11,21 22:14 86:13,15

Index: orientations..primarily

orientations 87:3**other** 7:17,23 12:10 13:15,19 15:4,
21 16:17 18:13 24:11 27:17,25
29:16 32:13 33:21 35:19 43:15,17
45:2 46:15 48:15 56:3 57:6 65:18
70:17 71:1 72:4 78:5,8 79:7 83:2
87:2 93:6**others** 12:7 13:12 18:7 26:25 27:21
77:14,24 91:16 93:16**our** 5:9 6:12 10:24 12:9 17:19,25
45:5 55:25 68:1 75:17 78:11 83:23**out** 35:16 41:1,15 78:5 86:8,17 94:2,
6 95:2,8,9,10,11**outcome** 73:20**outlets** 87:24**outside** 12:3,5 23:17,20 24:2 71:2
85:5**outweighed** 84:4**ovaries** 53:23 55:22**over** 21:8 22:15,18 36:25 41:4 43:13
52:25 54:25 59:22 60:19 62:15
64:20 65:7,22 72:6 85:9,20**own** 12:5,9 20:17 21:21 47:5,8,9
57:21 64:6 67:24 68:1 78:20 92:1,6

P

pace 6:24**page** 10:9,10 36:25 64:21,22 65:20
72:8**pages** 96:1**paid** 33:7**painful** 72:2**pandemic** 40:9**pansexual** 86:21**pansexuality** 87:4**paper** 70:10**paragraph** 27:9 34:25 36:24 48:6
57:7 58:8,14 64:21 66:21 72:7,12
75:17**parent** 34:2,6 76:18 77:23 88:10**parental** 76:11 77:2 78:9 91:13**parenting** 87:9,13,14**parents** 78:5 87:17**part** 22:17 34:18 35:14,16 49:19
67:17 95:5**participate** 11:17**particular** 61:2 62:16 77:8 84:17
91:21**parties** 5:12**pass** 8:7**passed** 13:1**past** 26:5 31:16 32:1 96:2**patch** 71:18**patches** 71:16**pediatrician** 39:21,22 40:1**pencil** 46:14**pending** 7:4**people** 34:10 63:21,25 76:7 77:5,13,
17 78:1 79:16 85:15 87:25 88:3,18
89:14,19,24 90:15 91:18**percentage** 52:23**perform** 81:6**period** 67:7 68:22**periods** 20:20**permanence** 57:15**permission** 56:25**persisted** 46:3 52:18 93:4**persists** 92:13**person** 53:22 55:22 63:9**personally** 12:6**photography** 85:2**physical** 54:22**physically** 42:3 73:3**physician** 39:12 64:10,16**physicians** 40:13,21 44:21 47:21
54:1 56:1,14 57:4,20 64:6,17,18
68:5 78:21,23 80:13 81:1,14,15
82:20 83:16**place** 81:10**placed** 8:24**plan** 62:18,21 80:8**planned** 13:17**plans** 13:17 78:8**played** 32:2,3,11 33:12 95:20**playing** 33:15**please** 6:11,16 19:6 61:24**plenty** 63:21,25 87:23**plethora** 32:8**plushies** 32:9**point** 6:17 12:24 17:11,15 36:13,14
38:13 43:15 51:7 52:12,19 67:9
75:10 82:2 86:4**policy** 13:9**political** 16:19**positive** 64:23,25 65:14**possibilities** 39:8**possibility** 63:13 73:21**possible** 80:22**possibly** 56:10 73:3 94:5**postgraduate** 15:4**posts** 12:14,18**potential** 57:8**potentially** 27:10**preferences** 95:22**prepare** 7:19**prescribe** 49:17**prescribed** 43:25 44:24 48:8 50:15
53:15,23 69:6 71:17**prescription** 44:6,8,10**present** 12:2 35:24 65:20**presentation** 23:20**presented** 51:10 57:20**presents** 35:6**pressure** 60:12**pretty** 32:11 36:17 50:1 70:7 72:20
91:25 95:8**prevent** 89:9**previously** 56:7 90:9**primarily** 20:20 23:4 61:12

primary 39:12
prior 41:12 84:6
privacy 62:3
probably 25:13 27:12 70:2 73:19
 79:16 81:3 90:24
problem 34:4
problems 92:1
procedures 39:23
proceeding 81:11
process 11:18 36:18,19 49:9 51:21
 53:14
produce 37:24 38:7
produced 54:21
professional 15:11 31:3 38:14 39:3
professionals 48:6,8
profound 65:17,21
prohibit 89:7
prohibited 74:15,16
prolific 84:25
pronouns 17:2,5,12 35:9,19
proper 37:19
protect 78:2
protective 5:13
protesting 12:3,4
provide 11:21 67:25
provided 41:3,7
provider 61:2,3,6
providers 41:11 44:25 50:14 54:3
providing 54:4 57:22
psychological 16:14
psychology 14:15,16 15:7
psychometrician 16:9,12
psychotherapies 83:2
psychotherapy 51:25
puberty 46:25 47:2,16,18 48:19
 52:25
puberty-blocking 46:23
purchase 37:10,18 68:2

purchased 37:1,14
purpose 49:7
purposes 49:6
put 11:1 33:18 62:20

Q

question 6:10 7:5 20:19 30:11 83:9
 93:21 94:6
questionnaire 95:9
questionnaires 95:3,18
questions 5:11 6:2,4,9 7:10,14
 13:24 31:6,8,13 42:20,22 47:10
 84:12 85:19 86:3 94:7,10,15,25
 95:13,17 96:4
quickly 70:7
quite 32:16 33:7
quote 72:13
quoting 48:7

R

radio 12:15
raised 14:7
raising 77:7
rather 7:13 80:20
Razi 5:7
react 33:24 88:3 89:14,20,21 90:15
 91:18
reacting 89:24
reaction 11:14 34:14,15 91:21
read 11:8 35:4 45:6
reading 88:23
ready 35:13
realize 17:16
realized 70:8
really 25:19 26:16 28:9 32:18 34:1,
 20 35:22 46:2 50:7 56:23 70:19 79:1
 85:1 91:10 96:2
reason 7:9,12 53:21 71:23 79:8
reasonable 81:2

reasons 53:25
receive 39:15 48:12,23 58:1
received 45:21 58:7 61:4 67:8,10
 68:23 82:16 94:23
receiving 61:11 83:13
recent 92:22
recently 23:3 39:24 59:1,7 62:17
 66:10 90:19
recess 45:12 75:13 85:23
recognize 8:23 9:18 11:3 17:11
recommend 29:1
recommended 76:4
record 6:3 17:18 75:12
refer 9:13
referral 29:5
referring 32:1
reflect 5:20
refused 90:14
regard 57:23
regarding 21:11
Regenstrief 15:23
regularly 90:7
reinforced 68:6
related 29:19,21 45:1
relationship 26:1,3,5,7 29:4
relatively 89:17
relatives 77:6,10
remember 7:23 22:1,4,8 29:14
 45:22 47:23 51:16 57:24 64:15 87:5
 94:21,24 95:2,20,25 96:2
remembering 49:14
remove 56:22 79:23,25
removed 73:22 74:1
removing 72:24,25 73:4,18
reporter 5:19 6:2,7,22
requested 96:13
requirement 81:10
research 16:11 37:13,16,19 39:8
 47:5,8,9 55:11 57:21 64:6,12 67:20

68:1 78:19 87:24 88:23,24

resolved 93:10**resource** 40:16 41:3,6**resources** 37:15 61:4**respect** 9:7 11:23 49:12 50:22 57:22
62:2 74:12 82:17 83:5**response** 8:15**rest** 58:5**restrooms** 93:17,18**result** 34:13,15 42:7 55:21**results** 29:9**resuming** 45:9**returned** 60:11**reversible** 55:17 57:13**reviewed** 7:20**revisit** 74:10**right** 7:17 8:4,18 9:18 10:4 11:3,6
13:22 15:15 20:2 33:2 34:24 45:4
48:3 49:17 53:2 56:4 58:4 63:19
66:22 68:14 70:16 76:9 84:11 85:21
86:2 87:17,20 90:25 94:1,13**right-hand** 10:11 72:8**Riley** 38:23,24 39:9,13,16 40:5,8
41:4 44:25 47:10,14 48:7,8 49:15
54:1,12 55:8 56:1,14 57:20 61:5
63:3 64:19 68:5 70:12 76:5,7 78:21
81:1 82:20 94:24**risk** 56:17 60:13 63:17 82:14**risks** 50:22 51:13 55:20 81:24 82:3,
4,5,10,11,13 83:19,22 84:4**rivalry** 14:21**roles** 16:7,10**roll** 33:17**romantic** 26:1**room** 65:11 71:4 89:20,22**Roudebush** 15:24**routes** 54:18 71:15**rubs** 71:20**ruckus** 32:16,22**RYAN** 5:2

S

safe 34:11 37:20,21**safety** 34:10 62:18,21 87:23**said** 22:12 41:3 42:16 52:11 56:21
62:16 63:25 66:21 67:12 70:21 76:4,
16,20**SAITH** 96:11**same** 6:21 18:19 19:7,8 29:23 42:18
78:6 85:12 90:23**sat** 40:13**saw** 45:23 70:24**say** 6:4,18 23:1 25:12,13 31:25
32:21 33:11 35:3 45:9,22 50:14,17
57:7 59:5 64:23 66:14,16 68:14
72:12 73:7 74:5 80:11 82:9 84:13,16
88:9,12 89:2**saying** 26:18 64:4 92:24**says** 37:1,3 48:10**scenarios** 90:18**scheduled** 40:17**school** 15:25 24:5,6,7,9,11 45:25
62:23 90:6,10,12,20 92:5**SEA** 74:7,12**second** 21:18 41:25 49:1 50:16
60:21**see** 33:10 37:3 42:3 48:10 58:10,15
60:1 65:9 72:10,15 75:19 84:8 89:18**seeing** 19:10 42:2 52:8 55:15 76:4**seek** 28:3 38:13**seemed** 37:11**seen** 60:3,19 64:25 70:4**self** 84:8,14,20**Senate** 9:7,23 11:2,11 13:2**sense** 31:18 65:24 77:22**sensitive** 50:1**separate** 60:3**serious** 26:10**session** 61:23 62:2**sessions** 61:21**set** 87:19**setting** 91:5**Seven** 25:1**seven-year-old** 46:20**several** 21:4,5 39:1 42:20 88:16
96:1**severed** 29:4**sex** 23:6 89:11**sexual** 17:7,12 20:7,12,23 21:11,21
22:14 30:18 86:13,15 87:2**she'll** 6:23**she's** 6:3**sheet** 9:22**sheets** 62:14**shootings** 88:16**shorter** 89:18**should** 9:22 10:24 11:2 68:7 91:18**shows** 12:15 87:24**side** 28:10 37:20 50:8,12 54:16 55:3,
16 57:8 72:3,4 73:24 74:4 83:25**signature** 10:8,12 96:8,13**signs** 27:14 45:23 46:10 68:15**since** 15:20 23:11,15 24:2 35:5
36:21 65:8 67:3 69:24 76:9**sir** 8:13 13:25 15:2 16:25 21:3 94:11**situation** 91:9,19 93:12**situations** 24:16 27:25 90:3,17**six** 18:12**slow** 6:24**small** 32:18**smaller** 31:19**Smeltzer** 5:10**so** 6:1 7:1,17 10:3 12:5,13 13:1 14:7,
12 15:11 16:19 18:15 21:5,8 25:20,
21 26:5,10 28:10 29:24 30:10,15
31:7,20 34:9,13 35:18 36:25 38:13
39:10 40:5,9 43:9,12 45:8 46:3,8
47:8,13 49:14 50:2,5 51:25 52:7,11
53:13 54:3 55:5 56:13 59:15 60:18,
21 61:9 62:20 63:24 65:3,13,21
66:10,21 67:7,19 68:9,21 69:1,11

75:2 76:13 77:17 78:3,18 79:17,20
82:4 83:1,10,11 85:21 87:6,21 88:8
89:2,15,23 91:14,24 93:14 94:8 95:9
96:1

social 12:16 25:2,14 27:25 35:7,14
37:23 91:4

socially 27:16 35:4,20

some 5:11 6:2 12:7 13:23 27:11
31:17 37:13,18 40:16 47:9 51:13
56:3,16,22 58:7 59:3 68:1 69:18,23
74:10 75:17,23 77:9,13 78:11 79:3
88:23 89:12,18 92:3 95:17

somebody 16:13 55:18 83:3 86:25
87:10 89:9

someone 30:16 53:15 89:21

something 6:19,20 32:17 33:21
36:10 45:2 56:18,23 63:11 67:22,23
95:6

sometimes 87:9 88:25

son 21:5 54:21

soon 12:22 33:1,15 60:7

sooner 80:20

sorry 21:24 23:22 30:10,19 44:18
61:24 76:20 83:9 96:1

sort 33:11 94:23

sought 19:3 31:3 76:10

sound 85:11,12

speak 40:15 42:9

specialty 40:4 53:24

specific 7:23 27:20 50:9 68:15
84:12

specifically 54:11 83:4 88:13,21
93:17

speculative 81:18

spelled 48:13

spending 25:10

spends 65:10

spent 31:1

sperm 37:25 38:7

spot 70:17

spots 72:3

St 39:19

standard 51:21

stands 92:8

start 21:9 26:15 27:8 30:12 33:3
42:24 49:18 51:22 60:24 66:25
80:15 81:2

started 22:22 25:18 31:18 33:1,15
35:21 42:2 43:4 44:6 47:6,17 60:8
67:10 69:5,18 70:4,16 71:24 85:14

starting 31:22 42:21 67:7

state 14:9,13,21 15:5 24:20,21
59:11 94:14

stated 50:1 56:7

statement 44:19

stay 28:12,16

step 37:12 51:23

steps 18:21 35:19 49:16 67:15
69:15

stick 50:6

still 63:22 64:1 79:16

stomach 50:11,13 51:15

stop 6:18 50:18 51:24 52:23,24
55:19 69:11 93:2,6,8

stopped 21:17 26:18 28:11 52:12,
20 55:2

stops 57:13

strength 77:21

stress 77:7 88:10

stressful 24:15 26:24

strides 69:8

strike 25:21 74:13 87:1

strong 51:6

struggled 50:3

struggles 31:23

student 5:9

students 24:11

study 16:8

stuff 14:22 50:2 78:6 80:9 88:24

style 87:13,14

subsequent 18:22

subsequently 64:2

subsided 60:7 70:7

suffering 27:11

suggested 52:4 76:7

suicidal 59:4 62:20

summer 5:10

supervise 25:14,17

supplements 53:7 59:24

support 41:8 42:10,19 76:11,13,18
77:3,14,17 78:9

supporting 78:1

suppression 48:15,19,24 49:12

sure 6:24 11:20 12:20 17:15 20:13,
18 22:6 32:6 34:20 35:17 56:11
88:5,6 90:15 91:22 92:7

surgeries 78:16 79:7 80:2 81:20,25

surgery 79:3,9,21,22 80:4,10,19
81:6,8,11 82:4,15,17

survive 73:2

susceptible 87:25

suspect 30:1,23

sustained 65:4

switch 46:22

switching 75:2

swore 6:7

sworn 5:3

symptoms 27:17 28:4

T

take 7:1,5 12:10 19:1 33:17 45:5
49:11,23 53:16 59:19 74:23 75:9,18
76:2 96:8

taken 18:21,24 35:20 45:12 67:15
75:13 85:23

takes 50:2 59:19 71:19 74:21

taking 18:25 28:11 49:3 50:18 55:19
57:13 65:8 69:11 70:4 84:10

talk 13:13,16 19:9 26:17 32:25 44:3
55:3 61:9,13,22 62:5 64:24 74:6

75:20 77:13 81:13 82:2,11 84:14
89:5

talkative 65:9 68:19 84:24

talked 23:1 29:25 34:17,18 41:15,
20,23,24 42:1 43:23 56:10 57:16
61:16 64:18 72:22 75:23 79:6 80:25
83:16 84:5 92:6

talking 6:21 21:18 22:21 34:19 74:7
81:15 84:17 89:6,11

talks 66:1

teachers 92:14

team 5:9

teenagers 26:17

tell 6:9 12:17 16:2 19:6 22:7 26:7,13
28:6 36:10 40:19 41:10 42:15 44:22
45:20 52:3 55:13,24 56:4 61:20 63:6
69:21 71:12 75:24 78:18,24 79:20
86:7 90:16 91:17 92:20 93:5

tells 92:11

ten 28:14

ten-minute 75:11

tend 50:5 77:25

tends 30:20 92:5

terms 20:15 25:10 29:18 33:12
47:14 59:25 69:22,23 74:15 84:13
87:8 89:4

test 29:11,13,17

tested 29:6 46:1,3

testified 5:3

testimony 8:2 11:21 12:1,2

testing 94:24

testosterone 29:18 42:21 48:9
49:17 53:7,10,16,20,23 54:4,14,20
55:11,19,22 56:15 57:12 59:20,24
60:8 63:18,22 64:1 65:1,7,8 66:4
69:17,24 70:2 71:9,14,25 72:21,24
74:1,23 83:12,23

tests 16:14 41:17,22

than 7:17 13:15 16:17 26:25 27:21,
25 29:16 33:22 45:2 46:19 52:10
59:18 65:17 70:17 71:6 73:12 80:20
89:16,18

thank 7:16 13:21 17:22 19:21 23:24
38:17 46:21 67:4 76:23 85:21 94:14

96:4,6

Thanks 21:25 38:18

that 5:13,14,17,19,20 6:3,8,9,11,13,
15,22 7:4,9,12,21 8:4,16,17,18 9:6,
8,21,24 10:10,12,15,18 11:11,13
12:13,15,17,23,24,25 13:5,13,17,22
14:22 16:4 17:16 18:5,18,20 19:6,
14,17 20:4,5,6,18 21:10,14,21 22:5,
8,14,16,17,20 23:7,12,16 24:20,23,
25 26:3,7,8,18 27:6,7,10,21,23,25
28:6,8,21,23 29:11,25 30:1,23,25
31:7,14,15,18,25 32:6,17,21 33:7,
11,13,20 34:2,3,4,8,13,16,21,22,25
35:10,13,17,19,22 36:1,3,16,19,21
37:1,3,13 38:2,4,19 39:2,11,23 40:1,
2 41:2,12,16,18,19,25 42:4,17 43:2,
5,7,12,15 44:5,6,7,10,17,19,22
45:20,21 46:11,15 47:4,20,24 48:10,
22,25 49:5,8,9,15,24 50:2,6,8,12,13,
14,24 51:3,4,9,10,19,23 52:3,4,5,12,
13,14,16,19 53:4,5,13,15,17,22
54:10 55:13,25 56:2,4,7,12,16,18,
19,21,25 57:1,9,19,24 58:7,10,15,24
59:11,13,18,19,21,25 60:1,6,9,13,14
61:4,10,11,13,25 62:8,9,15,21 63:6,
9,11,12,19,21,25 64:1,3,4,8,12,15,
25 65:5,15,16,23 66:3,8,12,16,18
67:15,16,17,18,22,24 68:4,16,24
69:9,15,18,20,25 70:3,4,7 71:20
72:10,15,22,23 73:18,20 74:3,11,13,
21 75:1,22 76:3,5,7,12,15,17 77:4,
22,24 78:1,4,5,9,13 79:1,4,6,10,18
80:6,21,22 81:1,2,7,14,19 82:2,22
83:7,13,16 84:1,5,9,15,16 85:3,5,12,
19 86:4,7,8,11,23 87:5,8,19,24 88:3,
5,6,25 89:4,5,6,8,10,11 90:4,7,23,25
91:11,15,19,21 92:2,8,9,12,21,23,25
93:12,13 94:1 95:5,14,18,25 96:2

that's 9:9 20:4,16 21:6,23 34:18
35:16 36:9 39:21 40:4 47:13 56:23
63:11 64:9 70:24 73:22 80:21 87:10,
15

the 5:7,8,12,18,20,21 6:2,5,6,7,21,22
7:4,10,14,20,24 8:6,23 9:2,5,13,25
10:3,11 11:7,9,10,15,17,18,22,23
12:1,11,16,19,21 13:1,4,6,16,17,20
14:25 15:7,24,25 16:3,4,6 17:11,18,
25 18:5,13,19,20 19:1,2,7,8 20:14
21:9 22:1,4,7,17,19,20,25 23:2,17,
20,21,24 24:1,2,11,19,24,25 25:13
26:9,13,15,20 27:2,5 28:12,16,19,
22,23 29:1,4,9,13,14,17,23,24
30:11,16,17,19 31:16,22 32:1,2,11
33:18 34:9,15,25 35:14,16,18 36:17,

18,21 37:7,11,19 39:5,10,22,23
40:7,9,12,13,20 41:10,13,15,16,25
42:2,7,18,19,25 43:2,3,8,11 44:4,18,
22,25 45:11 46:3,10 47:10,14,21,23
48:6,7,25 49:1,14,16,19 50:3,14,16,
20,21,22,24 51:3,6,13,14,23,24
52:7,8,22 53:19 54:12,15,16,25
55:3,7,8,16,18,21 56:1,3,13,14 57:4,
11,12,14,17,20 58:1,4,12,17,20,21,
25 59:5,8,16,17,19,20,24 60:8,11,
12,13,19,21 61:4,5,7,12 62:5,6,16,
25 63:8,24 64:9,23,24 65:5,7,8,14,
19 66:3,9,18,19,22,23,24,25 67:7,8,
9,14,16,20 68:5,9,12,14,18 69:1,8,
15,24 70:3,11,12,13,16,17,19,20,22,
24,25 71:2,4,13,14,15,19,22 72:1,3,
8,13,19,20,21,24,25 73:12,25 74:7,
10,12,19,20,21 75:11,19 76:3,22
77:7,9,19,22,23 78:1,6,12,20,23
79:1,5,8,25 80:7,9,13,21,25 81:5,6,
9,13,15,24 82:4,11,13,14,19 83:9,
12,16,19,22,25 84:1,4,5,6,7,9,21
85:3,6,7,10,12,18 86:16,18 87:6,9
88:10,24 89:9,20,21,25 90:13,14,22,
25 91:1,7,8,9,11,14,18 92:22 93:4,6,
7,12 94:6,7,10,11,14,20 95:6,7,23,
24 96:6,11

their 30:18 34:3,7 77:14,17 87:22
89:10

them 9:13 21:3 25:11 26:24 28:10,
11 29:10 33:10 39:11 40:14 41:23,
24 42:1,3 43:1,5 54:13 60:3 61:19
65:23 76:2 77:14,15 83:8 92:9,11

then 14:10 15:25 16:9 30:13 31:2
32:25 35:6,14 40:14,16,17 42:1 65:6
68:9,21,23 69:2,16 76:14 81:22
85:17 86:21 91:11 93:6 95:10

therapist 19:8 27:3 28:7,13,17,19,
23 29:1 44:4 52:5,8,9 60:22,24 62:5,
25 76:3

therapists 60:4,18

therapy 57:22 58:8 59:25 61:10,11
75:19

there 6:23 10:14 12:1,3 15:17,20
16:10 18:11 21:4,7,13 23:19 25:21
26:11 27:17,20,24 30:22 31:12 32:7,
21 33:6 35:3,19 36:5 37:1 41:17,19
42:12,16 43:25 44:13 46:9 47:15
50:8 51:9,20 52:15 56:16,21 57:6,19
58:10,14,15 59:11,23 62:19 63:17
65:16 68:21 70:16 71:8,23 72:4
73:24 75:19 78:4,5 86:4 87:2 88:8

89:13 92:22	75:24,25 76:1 77:2,6 78:7,22 79:4, 22 80:5,11,16 82:3,5,7,15 83:7 84:3, 11,22 85:3 90:3,17,18 91:23 92:6, 14,19 94:24 95:17,18,24	17,20,22 91:6,10 92:5,9,12,18 93:2, 5,6,8,18,24 94:7,10 95:6,8,20,23
there's 14:20 23:25 24:18 26:16 34:9 46:9 58:22 63:20,21,25 73:20 74:4 76:14 80:10 81:19 85:11 87:18, 23 88:9,16,17,23 92:2	thought 31:1 46:2 70:14	today 5:8,11 7:10,14 8:2 93:22
these 9:12 17:5 18:22 28:4 58:24 65:17 77:10 78:9 81:19 82:10 88:21, 25	three 26:22 33:2 40:13	today's 7:19 10:25
they 18:12 26:17,18 33:3,4 36:10 37:20 40:14,15,16 41:3,11,20 42:9 43:1,3,22 44:21 46:25 47:12 48:1 49:16,17 50:17 51:19 52:4 53:16 54:9 56:15,21,22,25 57:1,11 61:13, 16 62:7,20 63:7,10 70:13 71:14 72:2 76:6,7 77:18 79:3,10,18 88:5	through 12:7 21:14 22:10 23:1 27:3 40:10 49:10 64:7 66:15 73:6 80:9 82:11 84:15 86:20 89:5,12	toddler 33:3
they're 29:19 30:17 33:3 36:11 44:23 79:13 85:10 88:6	throughout 5:16,21 9:13 24:14 90:11	together 62:21 85:4,10
they've 62:14 68:5	tidy 85:18	told 23:14 27:18 30:3,25 48:1 50:20 51:17
thing 19:7 29:23 35:17 65:5 74:2 91:7	Tiktok 25:5	too 6:22 7:1 56:12
things 7:21 30:21 31:15,17,18,25 32:3,8,10,13 33:5 34:4 37:22 41:9 42:21 46:13,15,17 54:19 55:15 59:20 62:10,21,24 66:2 68:3,8,20 71:1,2,16 77:4,6,23 78:13 82:15 84:22 85:5 87:19 89:1 90:1,4 92:15, 25 95:24,25	time 5:1 18:19 19:1,8 20:20 21:8 22:15,18,20 24:24 25:10 26:9 27:23 28:8 32:11 33:20 39:3,6,11 40:2 42:2 43:5 52:25 54:12 57:10 59:22 65:10 67:8,17 68:22 78:10 80:3,17 81:3,12 82:1 86:4,16 96:5,9	top 10:11 72:8 79:3,8,21 80:4,18 81:11
think 11:8 13:5 14:23 21:6 22:16,23, 25 25:1,19 28:14,15 33:2,20 34:1,5, 6 35:14 38:6,19 41:24,25 43:11 45:4 50:10 52:10 53:17,21 61:7 65:15 72:23 73:10,11 77:22 84:3 86:9,15, 16,22 87:15,23 90:12,23,25 92:18 93:9,14	timeline 68:23	toys 32:2,5,7 33:13,16 95:19
thinking 57:9 89:13	times 18:2 23:2 27:19,20 31:21 91:2,7,12 92:17	traditionally 93:18
this 5:9,15,17 7:1 8:12,15 9:5,18 10:5,8 11:3 12:11 13:7 17:18 19:15, 23 21:6 35:17 36:13,14 45:4 47:16, 24 48:4 52:12,19 57:3,9,23 58:8 59:9,11,15 60:11,16,23,25 61:2,3,10 63:10 64:21 69:15,17,23 70:9 73:4 74:1,2,8 75:10,20 78:10 80:3,17 81:12 82:1,18 84:6 85:14 91:25	tiring 7:2	trans 31:1 77:23 87:21 88:2,4,11
those 6:8 8:7 11:24 20:25 22:10,22 25:8,10 27:14 30:21 31:2,4,21 32:10 33:21 34:19 37:21 40:19 41:9,22 42:15,21,22 43:20 44:3 46:16 51:8 53:25 54:7,19,24 55:4,15,17,24 58:20 61:16,21 62:10,23 65:14 67:18 68:3,8,20 71:12,16 74:14,17	to 5:10,12,17,20 6:1,3,4,7,12,18,24 7:1,3,19 8:5,7,15 9:7,13 10:10 11:10,23 12:20,22,23,25 13:11,16, 17,23 14:8 15:25 17:17,18 18:21,22 19:12 20:14,17,19 21:7,16,19 22:16, 25 23:1,5,22 24:20,21,22 25:7 26:16,22 27:5,8 28:14 30:6,10,20 31:18,22 32:1,16 33:10,17 34:2,14, 17,18,24 35:13,16,20 36:25 37:7,9, 10,14,17,18,19,24 38:6,8,10,12,15, 23,24 39:3 40:5,15 41:4,8,12,15,20 42:3,9,10 43:1,3 44:3 45:2,5,22 46:2,5,20 47:12,13,19,20 48:5 49:4, 12,16,18,19 50:1,5,9,20,21,22 51:7, 10,19,22,23 52:15 53:10 54:1,4,12, 18 55:4,20,22 56:8,11,12,16,17,19, 24 57:1,16,20,22,23,25 58:23 59:8, 12,23,24 61:9 62:9 63:22 64:1,2,18, 20,24 65:2,20 66:1,3,5 67:1,7,10,15, 24 68:2 69:8,11,25 70:6,8,11,14,15 71:3,7,9,10,13,24 72:7 73:4,7,21 74:2,6,12,15,16,22 75:1,16,20 77:5, 7,9,13,25 78:2,4,8,11 79:4,10,23,25 80:19,22,23 81:2,7,13,15,25 82:2, 17,23 83:5,12,13,16 84:2,6,14 85:5, 14,17,20 86:9,13,17,19,22 87:19 88:1,3,5,7,9,14 89:20,24 90:6,14,15,	transcript 5:20
		transgender 24:12 25:23 30:3 34:3, 10,21 36:11 40:23,24,25 41:1 47:7 52:24 77:7 86:24 87:7,10,12,18,25 88:18
		transgender-related 16:22
		transgendered 35:15
		transgenders 20:15
		transition 35:8,14,20 37:12,23 39:23 47:18 78:16
		transitioned 35:4
		transitioning 51:22 79:23
		treat 53:10 83:14
		treated 88:7
		treating 60:24
		treatment 28:4 38:12 43:25 47:15 51:18 60:14
		treatments 39:4 82:22,25 83:12
		trial 16:7 59:8
		tried 28:8 44:5
		truck 33:18
		trucks 32:9
		true 10:15
		truly 35:17 56:12 81:18
		trust 6:22

truth 6:6 7:14**try** 37:14**trying** 23:1 45:22 84:2 86:17 95:20**turn** 27:5 85:20**two** 18:11 19:2,9,18 33:17 35:1
36:20 60:20,21 85:3 95:21**type** 55:17 77:21**types** 30:21 32:10 37:22 41:9 42:21
46:16 54:19 55:15 62:10,23 68:3,8,
20 71:16 82:15 84:22 92:15 95:23**typically** 34:11

U

Uh-huh 35:2 40:6 41:5 45:16 69:3
78:14**unclear** 6:17**under** 82:13**undergarment** 37:6**understand** 6:8,10,13 7:10,13 30:8,
11 46:5 66:16 68:22 79:19 86:12,19,
22 93:21**understanding** 6:19 30:4 59:15
79:21**understands** 59:10,17,18**understood** 16:19 22:24 31:8 34:21
93:19**undertaken** 39:24**unisex** 91:12**University** 15:8**unkind** 77:5,6,10**unknowns** 51:9 57:19**unless** 6:9**unpack** 60:16**until** 23:23 25:20 66:10 67:9 74:23
79:5,9,12,17 80:10,23 81:8**up** 26:18 47:20,23 65:13 66:10 67:9
70:25 79:17 85:18 95:14**upset** 50:10,13 51:15**us** 6:23 27:18 30:3,25 31:5 40:13,16
41:15 43:1 48:1 51:19 54:24 56:16
57:1 63:7 65:10 66:1 71:3 79:4 86:9

91:11 92:18 95:7

use 25:2,9,15,17 37:19 53:18,19
75:3 84:14 90:14 93:16**used** 17:5 35:5 37:7 54:17 67:10
75:7**uses** 25:8**using** 5:16 50:21 53:9 89:9**usually** 19:2,9 32:15 44:16 51:23

V

VA 15:24**vaped** 75:5**varies** 77:12**various** 15:22 16:10 37:17**vary** 77:18**vast** 57:11**verbal** 6:16**versa** 47:21**versus** 23:20 50:22 74:15**very** 13:11 21:7 26:10,17 32:15
34:11 42:17 49:23 51:5 59:9 61:22
70:6,22 78:3 79:4,19 80:18 84:12,25**vice** 47:21**viewing** 25:12**Vincent** 39:19**violence** 88:1,12**virtual** 42:17 49:2**virtually** 40:10**visions** 34:6**visit** 95:4**voice** 55:1 57:15,17 85:11**volunteer** 76:17

W

wait 23:23 80:23**waiting** 79:15**walk** 49:10 58:23 64:7 66:15 73:6
89:12**want** 6:24 30:10 38:8,10 49:16 56:8,
19 59:12 64:2 75:16 78:2 88:9 92:12**wanted** 42:9 43:3 49:18 56:11,24
65:6**was** 11:14 12:6,11,23,25 13:18 14:7,
9 16:6,8 18:12,13,15 21:12,13,19
22:9,17,25 23:6,12 24:24,25 25:21
26:5,9 27:10,12,18,21 28:8,24
29:11,13 30:1,3,24 31:1,19 32:17,
18,20,21,24 33:6,13,14 35:10,22
36:1,5 38:19 39:3,9 40:9,10,20,25
41:1,19 42:1,4,7,10,16,17,18,23,25
43:6,11,14,25 45:12,22,24 46:2,3,4
47:4,15 48:22,25 49:3,5,6,8,9,15
51:4,7,21,23 52:1,2 55:25 56:12,17
57:4,5 60:5,25 61:3,23,25 62:1,20
63:8,12 67:10,11,12,22,23 68:10,11,
15,21 69:4,7,10,17 70:2,6,11,14,21,
22,25 71:5,23 75:13 76:4 84:10
85:23 86:4,8,9,11,16,17,19,21,23
89:10 90:9,25 92:22 93:12 95:5,21,
25**wasn't** 24:22 26:10 28:20 29:17
32:7 47:18 48:2 51:5,6 90:15**way** 17:25 28:21 32:2 42:18 43:2
59:23 61:15 63:4 66:22,25 69:8,15
90:13 91:1,18**ways** 37:19 54:18 56:22 59:2 62:15
71:8 77:5,9**we** 5:14 6:3,10,23,24 7:5 11:8 12:1,2
13:4,8 14:22 21:18 22:2,20,21 28:7,
18,22 29:3,4,10 31:1,7,10 32:6 33:1,
7 34:19 35:13 37:1,13,17 39:2,5,8,
10 40:12,17 41:13,14,15,23,24,25
42:1,2,10 43:23 45:5,23 46:1,2 47:6,
22 48:1 49:2,15 50:5,18 52:5 53:17
54:9,12,13 55:25 56:6,11,13,18,24
59:8 61:4,13,18,22 62:1,2,4,5,6
63:9,11,15 64:18 65:9 67:17 68:1
69:1,2 70:5,11,24 71:13 75:23 77:24
79:1,5,6 80:4,8,25 81:2,4 82:6,7
83:6,7 84:1 85:8 86:20 87:16,19
90:7,8 95:6,7**We'd** 6:15**we'll** 6:11 8:18 9:10,11,12 11:1
13:13 17:10 75:11 80:9 81:21 85:21
91:5 96:8**we're** 6:21 8:4 13:23 27:8 36:9,17
45:6 48:5 61:18 72:6 75:20 80:5,6,7
82:1 83:7,15 85:9,17 91:3,4,12

we've 21:5 22:12 23:1 29:25 41:16
42:1 50:3 54:11 67:15 70:3 74:19
76:13 79:2 80:20 82:19,22 83:16
90:5,8 92:6

wear 33:5 68:2,3,7 95:23

wearing 32:14,15

Webmd 55:14

websites 37:17

week 29:12 63:2

weeks 70:12

Welch 5:2,6 13:22 19:13 45:15
75:16 86:2 96:4

well 6:25 13:14,19 20:11 21:4 24:9
25:9 26:8 28:18 30:6,12,25 34:17
36:17 40:9,12 42:11 43:5,11 44:16,
20 49:22 50:7,24 54:10,21 59:17
60:2 69:6 71:5 72:19 74:19 81:3
82:13 83:22 84:18 86:25 87:16 88:7
89:14 90:19 91:24

welts 72:3

went 14:8 31:7 37:17 40:12 42:2,17
54:12 65:22 70:11,25

were 11:22 12:1,2,4,5 17:16 18:9,12,
17 21:18 22:20 26:11,19,20,24 27:2,
14,17,20,24 29:9 30:22 31:9,13,22
33:7 34:19 35:19 39:5 41:6,17,18,21
42:11,12,19,22 43:3,22 46:10 50:8,
20,24 51:9,17,20 52:22 53:25 54:9
55:4,16 56:18,21 57:6,9,19 63:11
67:19 71:8 72:2,4,20 76:6 80:4
81:10,24 87:2 93:11 94:21 95:17

weren't 35:13

what 9:1 11:14 12:24 14:14,17 16:2,
12,25 17:2,7,11,15,25 20:10,11,25
21:12 22:9,24,25 23:6 25:4,7,9
27:14 29:9 30:7,14 31:8 32:1,5,20
33:4 34:6,14,21 35:7 37:5,9,15
38:13 39:5,8,20 40:20 41:6,10 42:7,
22 44:3 46:6,10,23 49:9 50:17,20
51:13 52:7 53:4,13,17 54:7,14,15,
16,17,20 55:16,18 58:17 59:2 61:10,
11,15 62:7,11,12 63:24 64:4 68:15
69:4,23,25 72:17 73:6,8,9,10 74:12,
13,14,17,20 75:25 76:1 77:2,9
78:22,23 79:8,19,20 80:16 82:4 83:1
84:3,15,16 86:17,19,23 87:15,16
88:13 89:11,12 90:16 91:3,17,23
94:4 95:17,19

what's 14:12 29:20 30:4 44:17,18
59:13 62:17 74:15 78:3

whatever 85:10

whatsoever 83:25

Wheels 32:9

when 11:14 12:4,20 13:1 14:9 18:9,
15,17 22:21 25:17,18 27:9,20 29:11,
25 30:3 31:19,25 32:18,20,24 33:2,
11,13 34:5 36:1,10,19 41:11,15,19
42:1 43:22 44:7 45:24 46:1 47:1,6
48:22 50:5,12 57:3 59:5 60:23 63:9
66:14 67:19 68:7,14 69:6,10,17
70:5,8,24 71:13 73:6 74:3,5 80:11
84:9,13,16,19 85:9 86:8 87:21 88:12
89:2 90:9 91:16

where 14:2 15:15 24:4 29:13 37:3
38:22 39:18,21 48:10 62:14,22 68:2,
5,23 70:12 74:25 76:15,20,22 90:13,
22 91:3

whether 20:14 22:19 45:1 49:11
62:1,22 83:10,11 94:5,22

which 8:6 9:24 11:2 21:2 26:14
27:25 30:19 40:15 42:25 50:18
59:20 61:6 70:18 82:12

while 70:15 86:22 93:4

who 16:13 21:18 25:22 30:16 35:23
47:23 52:23 55:18 59:11 70:9 81:6

whole 32:23 62:13

whom 55:6

why 13:6,10 28:16,21 29:17 35:12
36:8 38:5,24 40:3 49:3,24 51:4
63:16 66:6 71:23 74:1,2 79:12 83:21

wife 11:8 19:12 27:6 34:17 43:4
94:22 95:3,10

will 5:13,19 6:6 8:7 19:19 37:24
44:22 57:25 78:13 85:18 88:3 93:8

William 5:10

willing 85:5

Winchester 14:8

with 5:8,9 7:14,18 8:4,12,18 9:3,7
10:5,18 11:23 12:6,7 13:22 15:19
16:3,5 17:19,23 18:2,9,15 20:2,22
21:9,10,14 22:11,17,19 25:19 26:15
27:3,8 28:12,16,19,23 30:12 31:17,
23 32:3,11 33:12,15 34:4 35:15
36:3,25 38:2 39:2,23,24 40:14,20
43:4,7,14 45:17 46:4,8,10,13 47:10

49:12,15,18 50:3,6,14,22 51:1,20
52:6,18 53:2,6,9,22 54:4,10,13
55:22 56:1,13,24 57:2,3,22 58:22
59:14 60:5,9 62:5,9,15 63:1,18 64:5,
9 65:10,25 66:7,8,20 67:15 68:5,6,
12,13 69:9 70:11 71:3,9 73:15
74:11,18,20 75:18 77:5,7,10 78:5,
15,20,25 80:13,15,17,21,25 81:5,11
82:3,9,11,14,17,20 83:4,22 85:8
88:10 89:8,25 90:2,19,21 91:15,16,
17,19 92:2 93:2,16 95:20

withdrawal 27:16

within 63:8

without 40:24 73:24 81:15

WITNESS 14:25 23:24 45:11 76:22
96:6

won't 14:22

word 53:5

wording 65:19

words 22:25 32:21 84:14 86:19

work 15:15,19 21:14 22:10 44:16,
19,22 49:22,25 50:6 62:9,12 76:15,
16,22

worked 15:17,22 16:10 27:2 57:2

working 5:9

works 52:6 76:21

worksheets 75:23,25

worse 59:1 73:20

would 20:13 25:12,13 32:15 33:16
35:23 38:19 45:22 46:14,19 48:18,
23 49:11 53:23 55:19 57:15 59:5
65:2 72:24 73:4,8,9,10,12,18,19
74:22,24,25 80:19 81:7,10,13,16
82:5 89:9,14,21 90:7,15

wrote 46:15

Y

yeah 9:25 33:6 47:9 49:14 50:10,16
55:5 69:13 70:2 72:1 89:1 91:24

year 14:10,14,17 52:10 74:25

years 14:11 15:18 17:6,20 18:12
19:11,19 23:11 43:23 47:3 86:9
95:21

Yep 38:20 58:11

yes 6:14 8:14,25 9:4,20 10:7,12 11:5
14:6,25 15:6,14 19:5 20:3,9,24
21:23 22:6 23:18,25 24:8,10,13 25:3
26:2,6,12 28:5 29:8 31:11 33:23
36:4,15,23 37:4 38:11 39:17 42:14
43:9,21 44:2 45:19 48:11,17 52:2
53:8,12 54:6 55:9,12,23 57:18 58:2,
16 63:5 65:2 66:5 67:21 68:25 71:11
72:11,16 73:3,11 74:9 76:13,22
78:17 79:14 86:6 88:19 95:1,5

Yesterday 44:9

yet 44:6 80:7 82:8

you 5:11,23 6:1,7,8,9,10,11,13,15
7:3,4,9,12,16,18,23 8:1,12,23,24
9:3,18,24 10:5 11:3,6,11,14,17,19,
21,22 12:4,5,10,20,24 13:6,10,15,
17,21,25 14:2,4,14,17 15:2,4,13,15,
17,19 16:15 17:4,11,14,15,16,22
18:9,17,21 19:1,3,18,21,22 20:7,11,
17,22 21:10,14 22:4,5,8,10,14,18,
19,20,24 23:12,22,24 25:6,7,9,14,17
27:6,9,21 28:3,21,23 29:6 30:1,6,8,
10,14,23 31:7,12,13,14,16,23,25
32:1,6,10,13,20,25 33:1,6,11,13,16,
20,24,25 34:5,14,16,18,20,21 35:1,
3,7,15,16 36:3,10,12 37:3,9,15,18,
20,21 38:13,17,22,24 39:1,3,7 40:1,
22,23,25 41:1,3,4,10,14,21 42:20,23
44:22 46:5,11,12,19,21,23 47:1,20,
23 48:10,18 49:19 50:3,12,13,20,24
51:10,17,21 52:11,22 53:2,6,9,13,21
54:1,5,14,15,16,17,24 55:4,10,15,
17,20 56:9,18,22 57:3,7,9,13,16,20,
21 58:6,10,12,15 59:5,6,10 60:1,2
61:1,14,15,20,25 62:1,9,15 63:4,7,
14,20,25 64:11,16,23 65:5,9,13,25
66:1,3,10,14,15,16,18,19,21 67:2,4,
12,14,19,22,24 68:6,11,14,15,18
69:8,14,22,25 70:5,6,7,10,15 71:4,6,
9 72:10,12,15,17,23 73:6,7,10,15,19
74:5,7,21,24 75:19,22,24 76:1,4,10,
16,23 77:2,4,12,13,19,20,22,24,25
78:1,2,3,4,7,13,15,24,25 79:11,15,
16,17,24 80:2,8,11,12,21 81:7,10,
16,25 82:4,9,12,21,24 83:6,11,18,23
84:3,8,13,16,18 85:1,7,11,12,13,21
86:3,12,16 87:21 88:2,5,6,12,13,15,
17,20,22,24,25 89:2,6,8,15,17,19
90:2,7,16,20 91:2,5,10,16,17,20
92:7,9,12,13,15,18,20 93:2,3,8,21,
22,24 94:2,4,10,14,21,22,23,24
95:2,3,18,19 96:4,6

you'd 87:6

you'll 6:4 30:12,13 49:10 75:18

you're 8:15 16:4 19:12 21:19 64:7
80:11 82:9 83:10 87:22 89:11,12
91:17

you've 9:6 27:25 64:25 74:11

young 26:17 56:12

younger 31:19

your 5:16 6:5,6 7:18 8:2 10:8,14
11:14 12:5 13:15 14:12 15:11 16:3,
25 17:2,7 19:12 20:17 27:6 29:20
30:4 32:21 36:24 37:9,15 44:17,18
47:4,8 48:3 57:7,21 58:8 59:13 64:4,
6,21 65:16 67:24 72:7 75:17 79:21
84:14 85:20 87:11,13 89:3 93:24
94:7,11,22 95:3,4 96:5

yours 94:16

yourself 17:13 77:25

Z

zero 64:2 67:3

Zoom 40:10